

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **001000086255**

**1. Corporation Name**

**ALMA SANJUR, D.O., P.A.**

**2. Principal Office Address**

**600 NE 36 Street**

Suite, Apt. #, etc.

**#201**

City & State

**MIAMI, FLORIDA**

Zip

**33137**

Country

**USA**

**3. Mailing Office Address**

**600 NE 36 Street**

Suite, Apt. #, etc.

**#201**

City & State

**MIAMI, FLORIDA**

Zip

**33137**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**08/30/2001**

**5. FEI Number**

**NONE**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**300032980793**  
**04/16/04--01078--001 \*\*450.00**

**7. Name and Address of Current Registered Agent**

Name

**ALMA R. SANJUR**

Street Address (P.O. Box Number is Not Acceptable)

**600 NE 36 STREET**

Suite, Apt. #, Etc.

**#201**

City

**MIAMI**

State

**FL**

Zip Code

**33137**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Alma R. Sanjur*

Date **4-12-04**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALMA R. SANJUR	600 NE 36 Street, #201	MIAMI, FLORIDA 33137

REINSTATEMENT **02-04**

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Alma R. Sanjur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALMA R. SANJUR**

**4-12-04**

Date

**(305) 531-8643**

Daytime Phone #

CR2E081 (01/04)

**Alma Sanjur, D.O., P.A.**

975 41<sup>st</sup> Street.  
Suite 501  
Miami Beach, Florida 33140

*PM 4/13/04*

April 13, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Request for waiver of late fees

Dear Sir or Madam:

In July, 2001, I started the corporation, Alma Sanjur, D.O., P.A. Since incorporation, I did not receive any information concerning an annual fee to keep the corporation active, as I was recently told by an acquaintance. This is my first time starting a corporation and I was unaware of these annual fees. I am requesting to have all late fees dismissed.

I have enclosed a payment of \$450.00 for each year (2002, 2003, 2004) that the fees were not paid.

Thanking you in advance for your assistance in this matter. If you require any further information, please call the office at (305) 531-8643, or send a fax to (305) 531-7221.

Sincerely,

*Alma R. Sanjur*

Alma R. Sanjur  
Owner and President