

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800102361098
05/15/07--01001--025 **1050.00

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

DOCUMENT # *PO1000086255*
1. Corporation Name
Alma Sanjur, D.O., P.A.

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 600 N.E. 36 Street | | 3. Mailing Office Address 600 N.E. 36 Street | |
| Suite, Apt. #, etc. 201 | | Suite, Apt. #, etc. 201 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33137 | Country USA | Zip 33137 | Country USA |

4. Date Incorporated or Qualified
To Do Business in Florida **08/30/2001**

5. FEI Number
65-1123616

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alma R. Sanjur
Street Address (P.O. Box Number is Not Acceptable)
600 N.E. 36 Street
Suite, Apt. #, Etc.
201
City
Miami State **FL** Zip Code **33137**

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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
REGISTERED AGENT MUST SIGN

Date **April 17, 2007**

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 N.E. 36 Street, #201 | Miami, FL 33137 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *05-07*

B 5/2/07

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 contained in Chapter 119, 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

Alma R. Sanjur

April 17, 2007

(305)531-8643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #