

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000092515

1. Corporation Name

DIAZ ERNESTO MD, P.A.

2. Principal Office Address

9216 GRAND CANAL DR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

3. Mailing Office Address

9216 GRAND CANAL DR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

FILED

06 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000075269400
05/25/06--01018--029 **600.00

REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

65-1141144

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

ERNESTO DIAZ

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

9216 GRAND CANAL DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

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

Ernesto Diaz

REGISTERED AGENT MUST SIGN

Date APRIL 28, 2006

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
PD	ERNESTO DIAZ	9216 GRAND CANAL DR	MIAMI, FL 33174

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:

Ernesto Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2006

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE 2003, 2004 & 2005 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ERNESTO DIAZ
PRESIDENT