

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

OZ UBA

FILED

02 NOV -5 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000099035**

1. Corporation Name
BELLA AURORA PACHECO M.D., P.A.

Principal Place of Business 1754 E COMMERCIAL BLVD FT LAUDERDALE FL 33334	Mailing Address 1754 E COMMERCIAL BLVD FT LAUDERDALE FL 33334
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/11/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 651144787	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PACHECO, BELLA A	1754 E COMMERCIAL BLVD	FT LAUDERDALE FL 33334

500008812065
11/05/02--01100--011 **150.00

8. Name and Address of Current Registered Agent STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date **10-29-02**
REGISTERED AGENT MUST SIGN

11. 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **10-25-02** Daytime Phone # **954-772-7750**

CR2E040 (8/02)



Bella A. Pacheco M.D., P.A.

*Cosmetic and Reconstructive
Plastic Surgery*

October 25, 2002

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

To Whom It May Concern:

I did not receive the two initial UBR notices and to my knowledge, no one in the office received them either. Enclosed is the filing fee of \$150.00. I am confident that this delay in response will not happen again and thank you in advance for your understanding.

Sincerely,

B.A. Pacheco MD

Bella A. Pacheco, M.D.
Director

Document # PO1000099035
FEI - 65 1144787