

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000008845**

1. Corporation Name

Melchor M. Carbonell, MD, PA

2. Principal Office Address - No P.O. Box #

7450 103rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

7450 103rd St.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

Duval

Zip

32210

Country

Duval

000164201760

01/05/10--01002--012 \*\*300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/2002

5. FEI Number

800032947

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

Cathy Carbonell

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

7450 103rd St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

☒ 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

*Cathy Carbonell*

REGISTERED AGENT MUST SIGN

Date December 31, 2009

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	Carbonell, Melchor M	7450 103RD ST. p 116	JACKSONVILLE, FL 32210
D	CARBONELL, REYNALDA C.	7450 103RD ST.	JACKSONVILLE, FL 32210
TD	CARBONELL, STEPHEN C	7450 103RD ST.	JACKSONVILLE, FL 32210
SD	CARBONELL, CATHY C.	7450 103RD ST.	JACKSONVILLE, FL 32210
D	BAI, CAROLINE C.	7450 103RD ST.	JACKSONVILLE, FL 32210

10. E-mail Address: MELCARBONELLMD@YAHOO.COM

(To be used for future annual report notification)

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. I further certify, 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:

*Melchor Carbonell*

MELCHOR CARBONELL MD 12/31/09 (904)778-3315 OR (904)208-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #