

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 1

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 2:28

DOCUMENT # P02000010759

1. Corporation Name

VALENCIA'S MEDICAL CARE, P.A.

2. Principal Office Address

161 USA HIGHWAY 27

Suite, Apt. #, etc.

City & State

SOUTH BAY, FL

Zip

33493

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

01-30-2002

5. FEI Number

01-0581144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
6/19/03 90225 002 \$150.00
6/19/03 90225 001 \$8.75

7. Name and Address of Current Registered Agent

Name

JAMES VALENCIA

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

161 USA HIGHWAY 27

Suite, Apt. #, Etc.

City

SOUTH BAY

State
FL

Zip Code
33493

300039067473
07/13/04--01058--024 **150.00

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

James Valencia
REGISTERED AGENT MUST SIGN

Date

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
PVTD	LUCY VALENCIA	161 USA HIGHWAY 27	SOUTH BAY, FL 33493
SD	FICHE VALENCIA	161 USA HIGHWAY 27	SOUTH BAY, FL 33493

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:

Lucy Valencia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

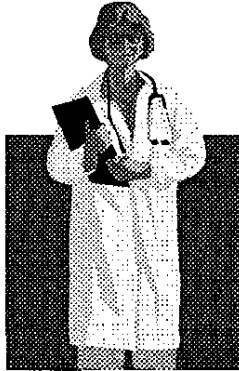
Date

Daytime Phone #

CR2E081 (01/04)

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VALENCIA'S MEDICAL CARE, P.A.



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

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM YOU THAT I NEVER RECEIVED THE REJECT LETTER FOR THE 2003 UBR STATING WE DID NOT LIST THE EIN NUMBER ALONG WITH THE REGISTERED AGENT SIGNATURE.

I AM ENCLOSING THE CORRECTED REINSTATEMENT FORM WITH THE FEES FOR 2004 TO PROPERLY UP-DATE THIS CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


LUCY VALENCIA
PRESIDENT