

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036282

1. Corporation Name

JUAN AUZA, D.D.S., P.A.

Principal Place of Business

555 BILTMORE WAY  
SUITE 103  
CORAL GABLES FL 33134

Mailing Address

555 BILTMORE WAY  
SUITE 103  
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2002

5. FEI Number

71-0881746

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, S, T, D	JUAN AUZA, 555 Biltmore Way, Ste. 103 Coral Gables, FL 33134	555 Biltmore Way Suite 103	Coral Gables, FL 33134

800024247478  
10/23/03--01016--019 \*\*750.00

*[Signature]*

8. Name and Address of Current Registered Agent

MARX, JAMES ESQ.  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 1870  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

JAMES MARX, ESQ.

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

848 Brickell Ave.

Suite, Apt. #, Etc.

Suite 750

City

Miami

State

FL

Zip Code

33131

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]*

REGISTERED AGENT MUST SIGN

Date 10-25-03

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]*  
JUAN AUZA,  
President

10-25-03 305-5770276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #