

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057923

1. Corporation Name

Suzel M. Vazquez, MD, PA

REINSTATEMENT 03-09

200032506422
04/13/04--01016--015 **300.00

2. Principal Office Address

9445 Old Cutler Lane

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

3. Mailing Office Address

9445 Old Cutler Lane

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

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

5. FEI Number

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

Suzel M. Vazquez

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

9445 Old Cutler Lane

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33156

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

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 |
|--------|--------------------------------------|---|------------------------|
| P/T/D | Suzel M. Vazquez | 9445 Old Cutler Lane | Coral Gables, FL 33156 |
| | | | |
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| | | | |
| | | | |
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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Binstock Rubin Ellzey and Company P.A.

CERTIFIED PUBLIC ACCOUNTANTS

ALEX S. BINSTOCK • CPA
RONALD E. RUBIN • CPA

RANDALL C. ELLZEY • CPA
JANET N. WILLIAMS • CPA

March 26, 2004

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

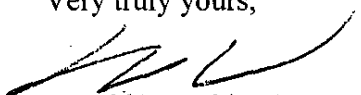
**Re: Suzel M. Vazquez, MD, PA
Document # P02000057923**

Gentlemen,

Enclosed please find a Corporation Reinstatement form for the above-mentioned Corporation and a check in the amount of \$300.00 for 2003 and 2004. We are hereby requesting the late fee being waived for 2003 year because the notice was never received.

Thank you for your consideration.

Very truly yours,



Ronald E. Rubin, CPA

RER:mn
Enclosures

ONE DATRAN CENTER • 9100 SOUTH DADELAND BOULEVARD • SUITE 901
MIAMI, FLORIDA 33156-7815 • TEL (305) 670-1984 • FAX (305) 670-2001

MEMBERS OF:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS & FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS