

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000072905

1. Corporation Name

JESSE AREOPAGITA M.D. P.A.

2. Principal Office Address

3051 SW 163 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3051 SW 163 Avenue

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2002

5. FEI Number

05-0540122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

900026586999  
01/09/04--01022--007 \*\*150.00  
**REINSTATEMENT** 03

7. Name and Address of Current Registered Agent

Name

Jesse Areopagita

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

3051 SW 163 Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

*Jesse Areopagita*  
REGISTERED AGENT MUST SIGN

Date 12/19/2003

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	Jesse Areopagita	3051 SW 163 Avenue	Miramar, FL 33027

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: *Jesse Areopagita* President

12/19/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

CR2E081 (10/02)

December 19, 2003

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

Re: P02000072905

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

A handwritten signature in cursive script, appearing to read "Jesse Areopagita".

Jesse Areopagita  
President