

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 DEC 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000091500**

1. Corporation Name

D. MEDINA, P.A.

Principal Place of Business

**9858 GLADES ROAD #119
BOCA RATON FL 33434**

Mailing Address

**9858 GLADES ROAD #119
BOCA RATON FL 33434**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07

600025406196
12/11/03--01011--007 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2002

5. FEI Number

56-2288109

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MEDINA, DANIEL	9858 GLADES ROAD #119	BOCA RATON FL 33434

8. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
~~20001 DISCAYNE BOULEVARD~~
~~SUITE 505~~
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name
DADE COUNTY CORPORATE-AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
18901 N.E. 29th AVE.
Suite, Apt. #, Etc.
SUITE 100
City
AVENTURA
State
FL
Zip Code
33180

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

12/2/03

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

MEDINA

Date

12/2/03

Daytime Phone #

561-662-5907

CR2E040 (7/03)