

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000100485

1. Corporation Name

RAMON VAZQUEZ, JR. MD PA

2. Principal Office Address
5165 ELPINE WAY

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

Zip
33418

Country
PALM BEACH

3. Mailing Office Address
5165 ELPINE WAY

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

Zip
33418

Country
PALM BEACH

REINSTATEMENT

CR2E081 (12/05)

03-06

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/17/2002

5. FEI Number
22-3872047

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VAZQUEZ, RAMON JR.

Street Address (P.O. Box Number is Not Acceptable)
5165 ELPINE WAY

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS, FL

State
FL

Zip Code
33418

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	VAZQUEZ, RAMON JR.	5165 ELPINE WAY	PALM BEACH GARDENS, FL 33418

000069448470
04/04/06--01055--022 **600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON VAZQUEZ JR

Date

Daytime Phone #

2052
1

RAMON VAZQUEZ, JR. MD PA
5165 ELPINE WAY
PALM BEACH GARDENS, FL 33418
772-633-3351

FEBRUARY 17, 2006

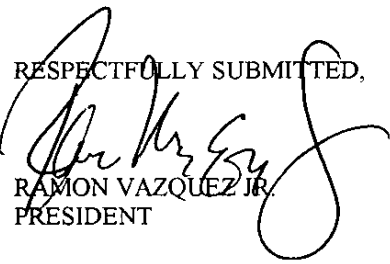
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT APPLICATION FOR THE ABOVE CORPORATION

THE ABOVE CORPORATION WAS DISSOLVED BY THE STATE. I AM APPLYING FOR
REINSTATEMENT. THE REASON THAT THE DISSOLUTION OCCURRED, IS THAT I MOVED
FROM THE ORIGINAL FILING ADDRESS AND NEVER RECEIVED THE ANNUAL REPORTS.
PLEASE REMOVE THE PENALTIES REQUIRED FOR REINSTATEMENT.

ENCLOSED IS A CHECK FOR \$600.00 FOR THE REINSTATEMENT CHARGES FOR 2003, 2004,
2005 AND 2006.

RESPECTFULLY SUBMITTED,


RAMON VAZQUEZ JR.
PRESIDENT