

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 NOV -5 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115199

1. Corporation Name

ARMANDO ARMAS, M.D., P.A.

Principal Place of Business

Mailing Address

115 SE 4TH STREET
BOYNTON BEACH FL 33435

115 SE 4TH STREET
BOYNTON BEACH FL 33435

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

2. New Principal Office Address, If Applicable

2828 S. Seacrest Blvd.

Suite, Apt. #, etc.
Suite, 209

City & State

Boynton Beach, FL
Zip Country
33435

3. New Mailing Office Address, If Applicable

2828 S. Seacrest Blvd.

Suite, Apt. #, etc.
Suite, 209

City & State

Boynton Beach, FL
Zip Country
33435

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

5. FEI Number

35-2185323

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
D, P	ARMAS, ARMANDO	2001 NW 19TH WAY	BOCA RATON FL 33431

500024458515

11/05/03--01067--010 **150.00

8. Name and Address of Current Registered Agent

THIRER, MARTIN

1475 WEST CYPRESS CREEK ROAD SUITE 204
FORT LAUDERDALE FL 33309

1000 N.W. 65TH ST.
SUITE 200

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Martin Thirer

REGISTERED AGENT MUST SIGN

Date *10/28/03*

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

CR2E040 (7/03)

***Armando Armas, M.D., P.A.
2828 S. Seacrest Blvd., Suite 209
Boynton Beach, FL 33435***

October 24, 2003

State of Florida
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Document #P02000115199

Gentlemen:

Enclosed is a completed Application for Reinstatement for the above referenced corporation.

Please be advised that I did not receive the two prior Uniform Business Reports. Consequently, I respectfully request that the reinstatement fee be abated and the annual report fee of \$150.00 be accepted as full payment for the reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Armando Armas', with a stylized flourish at the end.

Dr. Armando Armas

Enclosures