

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP 12 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000119094

1. Corporation Name

JOSE TORRES MD PA
2323 CURLEW ROAD # 7D
DUNEDIN, FLORIDA 34698-9332

2. Principal Office Address

2323 Curlew Road # 7D

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip

34698

Country

USA

3. Mailing Office Address

2323 Curlew Road # 7D

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip

34698

Country

USA

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

11/04/2002

5. FEI Number

75-3104991

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

JOSE TORRES

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

2323 CURLEW ROAD # 7d

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

Jose G. Torres M.D. PA
REGISTERED AGENT MUST SIGN

Date

9/6/05

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	JOSE TORRES	836 Bayshore Drive	Tarpon Springs, FL 34689

700059611427
09/14/05--01027--024 **450.00

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 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:

Jose G. Torres M.D. PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/6/05 727-786-8825

Daytime Phone #

KOS 9/12

CR2E081 (01/05)

José G. Torres, M.D., P.A.
2323 Curlew Road, Suite 7D
Dunedin, Florida 34698
Telephone (727) 786-8825 Fax (727) 789-6640

09/06/05

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

Re : Corporate Reinstatement of Jose Torres MD PA

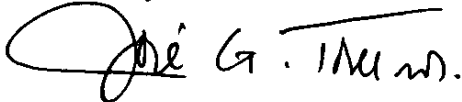
Dear Sir \ Madam:

Enclosed is the Corporation Reinstatement for Jose G. Torres M.D., P.A. I have enclosed a check in the amount of \$ 450.00 which represents the Annual Report Fee (\$ 61.25 per year) and the Corporate Supplemental Fee (\$ 88.75 per year) for three (3) years.

I was shocked when I received a letter in the mail (attached) from an insurance agency informing me that my corporation was dissolved. I have never received an annual report in the mail. I immediately contacted my CPA who prepared the reinstatement form. I never received the annual report because the city in which I have always operated my business was changed from Palm Harbor to Dunedin.

I have always used ordinary business care and procedures. I have followed up on this matter as soon as I was made aware there was a problem. There was never any willful neglect of the law. I am hopeful that you will abate the reinstatement fee of \$ 600.00. I thank you for your immediate attention into this matter.

Sincerely

A handwritten signature in black ink, appearing to read "José G. Torres", with a stylized flourish at the end.

José G. Torres, M.D., P.A.