

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PH 3:51

DOCUMENT # **P02000133464**

1. Corporation Name

NORBERTO VAZQUEZ, M.D., P.A.

Principal Place of Business

Mailing Address

1411 N. FLAGLER DR., STE. 6800
WEST PALM BEACH FL 33401

1411 N. FLAGLER DR., STE. 6800
WEST PALM BEACH FL 33401

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2002

5. FEI Number

431983620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

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
PVST	VAZQUEZ, NORBERTO M.D.	1411 N. FLAGLER DR., STE. 6800	WEST PALM BEACH FL 33401
D	VAZQUEZ, NORBERTO M.D.	1411 N. FLAGLER DR., STE. 6800	WEST PALM BEACH FL 33401

900023748009
10/13/03--01057--011 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAZQUEZ, NORBERTO M.D.
1411 N. FLAGLER DR., STE. 6800
WEST PALM BEACH FL 33401

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

Norberto Vazquez
REGISTERED AGENT MUST SIGN

Date 10/9/13

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:

Norberto Vazquez MD / Norberto Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/13

Daytime Phone #

561-655-0356

CR2E040 (7/03)