

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT 18 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 903000051162

1. Corporation Name

ARNALDO VALLS, M.D., P.A.

2. Principal Office Address

7295 W. FLAGLER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1084 SW 137 PL.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

Miami-Dade

Zip

33184

Country

Miami-Dade

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-2004

5. FEI Number

57-1166577

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

ARNALDO VALLS

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

1084 SW 137 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

[Signature]

Date

10-06-2006

REGISTERED AGENT MUST SIGN

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	ARNALDO VALLS	1084 SW 137 PL	MIAMI, FL 33184
VP	ZENAIDA V. MARTINEZ	1084 SW 137 PL	MIAMI, FL 33184

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-06-2006 (307) 301-2692

Daytime Phone #

10/26/06

2/2

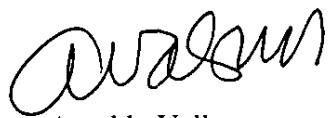
Arnaldo Valls MD, PA
7295 W. Flagler Street, Miami, FL 33144
Ph (305) 262-8875 Fax (305) 262-8874

October 6, 2006

TO WHOM IT MAY CONCERN:

Please, be advised that we have moved to a different address since September 2004. Unfortunately, we never received notice of the renewal to send the payment. I'd like to make a disbursement for the two years I had no pay and also to ask you if you could wave the penalty amount. Enclosed please, find completed form with the updated information and a check for the amount of \$300.00.

Sincerely,



Arnaldo Valls