

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 21 AM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000006588

1. Corporation Name

MIRTA HERNANDEZ, D.P.M. P.A.

2. Principal Office Address - No P.O. Box #

9766 S.W. 24 ST

Suite, Apt. #, etc.

9

City & State

MIAMI FLORIDA

Zip

33175

Country

U.S.A.

3. Mailing Office Address

14871 S.W. 39 TER

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33175

Country

U.S.A.

**REINSTATEMENT**

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/7/04

5. FEI Number

90-0133055

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

MIRTA HERNANDEZ

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

14871 S.W. 39 TER

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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]*

REGISTERED AGENT MUST SIGN

Date 3-19-7

**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
D/P	MIRTA HERNANDEZ	14871 SW 39 TER Miami	Miami FL 33175

200095811722  
04/04/07--01046--011 \*\*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 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]* MIRTA HERNANDEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-7 (305) 984-3865  
Date Daytime Phone #