

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000069558**

1. Corporation Name

Rodolfo A. Buigas, Ph.D., P.A.

REINSTATEMENT

800152084008
04/23/09--01029--011 **\$750.00
CR2E081 (12/08)

0509
[Signature]

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

226 E. Flagler ST.

3. Mailing Office Address

226 E. Flagler ST.

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

Zip

33131

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04-28-2004

5. FEI Number

20-1083747

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

Rodolfo A. Buigas, Ph.D., ~~P.A.~~

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

226 E. Flagler ST.

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

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

Rodolfo A. Buigas, Ph.D.
REGISTERED AGENT MUST SIGN

Date

4/18/09

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" PST	Rodolfo A. Buigas	5220 N. Hills Dr. Hollywood, FL 33021	Hollywood, FL 33021

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:

Rodolfo A. Buigas, Ph.D. **Rodolfo A. Buigas, Ph.D.**
President

4/18/09

305-586-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #