

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 27 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LY
0-29-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000012104

1. Corporation Name

Rosa M Cuello Suarez MD PA.

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

2925 10TH Ave. North

Suite, Apt. #, etc.

202

City & State

Lake Worth, Florida

Zip

33461

Country

USA

3. Mailing Office Address

2925 10TH Ave. North

Suite, Apt. #, etc.

202

City & State

Lake Worth, Florida

Zip

33461

Country

USA

CR2E081 (12/07)
REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida January 24, 2005

5. FEI Number

38-3715063

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

Rosa M Cuello Suarez MD *RUC*

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

1870 Forest Hill Blvd.

Suite, Apt. #, Etc.

103

City

West Palm Beach

State

FL

Zip Code

33406

☒ 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

Rosa M Cuello Suarez MD
REGISTERED AGENT MUST SIGN

Date 02/12/2008

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
Pres.	Rosa M Cuello Suarez MD	2925 10TH Ave. North, Suite 202	Lake Worth, Florida, 33461

REINSTATE - 06-08

388110950023
02/27/08--01043--022 **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 filling 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:

Rosa M Cuello Suarez MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2008

Date

561-964-5161

Daytime Phone #