

09/15/2008 MON 16:34 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 SEP 15 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000080607

1. Corporation Name

MARIA N. HOYOS, P.A.

2. Principal Office Address - No P.O. Box #  
9050 PINES BLVD

3. Mailing Office Address  
PO BOX 267036

Suite, Apt. #, etc.  
SUITE 450

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES

City & State  
WESTON

Zip  
33024

Country  
US

Zip  
33326

Country  
US

REINSTATEMENT 07-08  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/03/2005

5. FEI Number 20-2971526

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MARIA N. HOYOS

Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD

Suite, Apt. #, Etc. SUITE 450

City PEMBROKE PINES

State Zip Code  
FL 33024

☒ 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 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent *Maria Hoyos*

REGISTERED AGENT MUST SIGN

Date

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
PD	MARIA N. HOYOS	PO BOX 267036	WESTON FL 33326

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 807 or 817, 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 807.0401 or 817.0401, 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: *Maria Hoyos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

((H08000215568 3)))

09/15/2008 MON 16:33 FAX

003/004 2052

Division of Corporations

Page 1 of 1

**Florida Department of State**  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**CORPORATION REINSTATEMENT**

**MARIA N. HOYOS, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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Corporate Filing Menu

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