

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
09 NOV 16 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00600142121

1. Corporation Name

De La Portilla Anesthesia  
Associates, P.A.

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

13406 SW 144 Ter

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Zip

33186

Country

US

Zip

Country

800162843768

11/16/09--01028--022 \*\*300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-5912344

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

Mano De la Portilla

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

13406 SW 144 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

☒ 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

Mano De la Portilla

Date

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	De la Portilla, Mano	13406 S.W 144 Ter	Miami, FL 33186
V/S	Rodriguez, Marisa	13406 SW 144 Ter	Miami, FL 33186
		11/1/09	

## 10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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

Mano De la Portilla

11/14/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #