

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000064135

1. Corporation Name

YANSSEL DELGADO DPM PA

200164049622
12/30/09--01018--020 **150.00

REINSTATEMENT 2009
CR2E081 (11/09)

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

1490 West 49th Place

3. Mailing Office Address

2870 WEST 74 PL

Suite, Apt. #, etc.

Suite 590

Suite, Apt. #, etc.

City & State

Hialeah

City & State

HIALEAH FL

Zip

33012

Country

USA

Zip

33018

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2008

5. FEI Number

26-2917974

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

DELGADO, YANSSEL

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

2870 WEST 74 PL

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33018

☒ 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

Yanssel Delgado

REGISTERED AGENT MUST SIGN

Date **12/28/09**

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
PST	DELGADO, YANSSEL	2870 WEST 74 PL	Hialeah, FL. 33018

10. E-mail Address: **azko900@msn.com**

(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:

Yanssel Delgado Yanssel Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/09

Date

305-819-9240

Daytime Phone #