

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 OCT 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015144

1. Corporation Name

LUIS A. BLANCO M.D., P.A.

Principal Place of Business

Mailing Address

8752 SW 8 ST
MIAMI FL 33174

8752 SW 8 ST
MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1992

5. FEI Number

65-0377081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLANCO, LUIS A	8752 SW 8 ST	MIAMI FL 33174

500008682295
10/23/02 01140 017 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLANCO, LUIS A
8752 SW 8 ST
MIAMI FL 33174

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/22/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

305-554-0044

LUIS A. BLANCO M.D. P.A.
DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRICS
PEDIATRICS

OFFICE HOURS
BY APPOINTMENT
PHONE: 554-0044

TAMIAMI MALL
8752 SOUTHWEST 8th STREET
MIAMI, FLORIDA 33174

INSTRUCTIONS:

Doc # P92 000015144

10-22-02

Dept. of STATE

This is to certify
that this corporation
did not receive the
two prior UBR
NOTICES.

Kind enclosed the
appropriate filing fee
of \$150.00.

THANK YOU kindly
for your Attention to this
matter.

LUIS A. BLANCO

Director

(D)