

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY 21 AM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 193000021741

1. Corporation Name  
  
CORTEZ FAMILY CLINIC, P.A.

2. Principal Office Address  
5591 CORTEZ ROAD WEST

3. Mailing Office Address  
P.O. BOX 14520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BRADENTON, FLORIDA

City & State  
BRADENTON, FLORIDA

Zip Country  
34210

Zip Country  
34280

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
65-0411817

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  
ADOLFO L. NARVAEZ, M.D.

Street Address (P.O. Box Number is Not Acceptable)  
5591 CORTEZ ROAD WEST

Suite, Apt. #, Etc.

City  
BRADENTON

State  
FL

Zip Code  
34210

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

Date 03/22/04

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
DPST	ADOLFO L. NARVAEZ, M.D.	5591 CORTEZ ROAD WEST	BRADENTON, FL 34280

100037524081  
06/01/04 01873 011 \*\*\*350.00  
350.00

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 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)(f), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/04

Date

(941) 795-4206

Daytime Phone

CR2E081 (01/04)