

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 #

93000021741

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

34210

Country

Zip

34280

Country

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/04

Date

(941) 795-4206

Daytime Phone

CR2E081 (01/04)