

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 12 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025366

1. Corporation Name

MANUEL V. FEIJOO, M.D., P.A.

Principal Place of Business

1451 SW 86th Ave.
Pembroke Pines, FL
33025

Mailing Address

1451 SW 86th Ave.
Pembroke Pines, FL
33025

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

2. New Principal Office Address, If Applicable

7135 SW 8th ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

3. New Mailing Office Address, If Applicable

19311 NW 8th ST.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/2/93

5. FEI Number

65-0409050

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MANUEL V. FEIJOO	19311 NW 8th ST.	Pembroke Pines, FL 33029
			000002374030--1 -12/16/97--01108--018 ****923.75 ****923.75

REINSTATEMENT 96-97

G. Alan
12/9/97

8. Name and Address of Current Registered Agent

MANUEL V. FEIJOO
1451 SW 86th Ave.
Pembroke Pines, FL 33025

9. Name and Address of New Registered Agent

Name
MANUEL V. FEIJOO
Street Address (P.O. Box Number is Not Acceptable)
19311 NW 8th ST.
Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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.

Signature of Registered Agent

Manuel V. Feijoo MD., P.A.
REGISTERED AGENT MUST SIGN

Date

12/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

MANUEL V. FEIJOO

12/9/97 (305) 267-8300
Date Daytime Phone #

CR2E04C (12/95)