

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 29 PM 12:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027632**
 1. Corporation Name
JORGE NASR DPM, P.A.

Principal Place of Business	Mailing Address
11760 BIRD RD., #329 MIAMI FL 33175 US	11760 BIRD RD., #329 MIAMI FL 33175 US



REINSTATEMENT 09

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	04/12/1993
5. FEI Number	65-0437887
	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	NASR, JORGE	6561 SW 145 Street.	MIAMI FL 33158
			200003067132--3 -12/13/99--01004--003 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

NASR, JORGE
 5300 W. 6TH LANE
 HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name: **Nasr, Jorge**
 Street Address (P.O. Box Number is Not Acceptable): **6561 SW 145 Street.**
 Suite, Apt. #, Etc.:
 City: **Miami** State: **FL** Zip Code: **33158**

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: *[Signature]* Date: **11-11-99**
 REGISTERED AGENT MUST SIGN

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]* **Jorge Nasr, DPM** Date: **11-11-99** Daytime Phone #: **(305) 220-3636**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)