

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P93000044981 (7)

1. Corporation Name

ESTHER MARIN-CASARIEGO, M.D., P.A.

Mailing Address

7000 S.W. 97TH AVE.  
SUITE 201  
MIAMI, FLORIDA 33173

Principal Place of Business

7000 S.W. 97TH AVE.  
SUITE 201  
MIAMI, FLORIDA 33173

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
6/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0423415

Applied for  
Not Applicable

City & State

City & State

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
D	MARIN-CASARIEGO, ESTHER	7000 S.W. 97TH AVE., #201	MIAMI, FLORIDA 33173

**REINSTATEMENT**

97-98

SL 8-20-98

500002621415--0  
-08/20/98--01085--019

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

MARIN-CASARIEGO, ESTHER  
7000 S.W. 97TH AVE.  
SUITE 201  
MIAMI, FLORIDA 33173

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Esther Marin-Casariago, M.D., P.A.*  
REGISTERED AGENT MUST SIGN

Date 8/4/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Esther Marin-Casariago*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 24 1998 (305) 273-8521  
Date Daytime Phone #

CR2E040 (6-94)