

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 20 AM 11:03

DOCUMENT # **P93000066428**
 1. Corporation Name
DIANA P. DE LA VEGA, M.D. P.A.

Principal Place of Business 7100 W. 20TH AVE. STE. 305 HIALEAH FL 33016 US	Mailing Address 7100 W 20TH AVE STE 305 HIALEAH FL 33016 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida 09/20/1993	
5. FEI Number 65-0452191	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
DP	DE LA VEGA, DIANA P	7100 W. 20TH AVE., STE. 305	HIALEAH FL

400003448104--0
 -11/02/00-01009-014
 ****150.00 ****150.00

10/13/01

8. Name and Address of Current Registered Agent
DE LA VEGA, DIANA P
1865 BRICKELL AVE
APT. 714A
MIAMI FL 33129

9. Name and Address of New Registered Agent
 Name **De la Vega, Diana P**
 Street Address (P.O. Box Number is Not Acceptable) **1901 Brickell Ave**
 Suite, Apt. #, Etc. **Ph # 2**
 City **Miami** State **FL** Zip Code **33129**

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]* **SIGNATURE REQUIRED** Date 10/13/00
 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)(l), 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]* **SIGNATURE REQUIRED** Date 10/13/00 (305) 3628365
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

2

DIANA DE LA VEGA, M.D.

Psychiatry

7100 W. 20th Ave., Ste. 305

Hialeah, FL 33016

Telephone: (305) 362-8365

October, 13 / 2000

Re: Diana P. De La Vega, M.D.P.A.

Attn: Florida Department of State (Application for Reinstatement)

As per our telephone conversation, this serves to certify that I never received any notification or application before today's date. I would like to have the late fees waived because I just got this notice today October 13th of 2000. Also, my new home address as a current agent is:

1901 Brickell Ave.


Ph # 2

Miami, FL 33129

If you have any questions, do not hesitate to contact

me.

Secretary



Diana De La Vega, M.D.P.A.