

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV -6 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000078173**

1. Corporation Name

**JUAN A. SIMON MD. PA.**

Principal Place of Business

Mailing Address

11760 SW 40 ST  
306  
MIAMI FL 33175

3230 SW 130TH AVE.  
MIAMI FL 33175



**REINSTATEMENT 03**

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

4. Date Incorporated or Qualified To Do Business in Florida

11/08/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0446446

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SIMON, JUAN A MD	3230 SW 130TH AVE.	MIAMI FL 33175

100024475211  
11/06/03--01015--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMON, JUAN A  
3230 SW 130TH AVE.  
MIAMI FL 33175

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE*

Date

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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

CRE040 (7/03)

October 29, 2003

Florida Department of State  
Secretary of State.

Re: Juan A. Simon MD, PA.  
Document # P93000078173

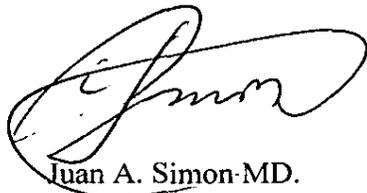
Gentlemen:

Enclosed please find Check for \$ 150.00 for the 2003 Annual Report Fee. We were surprised to receive this Administration Dissolution of my Corporation for we have not received any prior notification. Our CPA tell us that at least 2 other documents we should had received prior to this notification.

We do not understand what happened because this is the first one that we received. As you know, I have my corporation for at least 10 years and we have always paid our annual fee. The mailing address as shown is correct because it is my home.

We respectfully request the waiver of the \$ 600.00-Reinstatement fee-for the above-reason.

Yours truly



Juan A. Simon-MD.