

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000083778

1. Corporation Name

JUAN C. AGUILAR, M.D., P.A.

Principal Place of Business

2409 N.W. 17 AVE
MIAMI FL 33142
US

Mailing Address

2 S UNIVERSITY DR
STE 215
PLANTATION FL 33324
US

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
02 SEP 23 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



07/02/01 90001 044 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1993

5. FEI Number

65-0451924

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AGUILAR, JUAN C MD	8265 SW 2ND ST	MIAMI FL 33144
			400008049514--2 -09/26/02--01035--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LYNN, BRIAN
2 SOUTH UNIVERSITY DR
STE 215
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Brian Lynn

Date

9/12/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Lynn

Date

Daytime Phone #

PLNS 8-26-02 305 987 9101

CR2E040 (8/01)