

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 93 0000 84296

1. Corporation Name

JORGE L. BARBEITO, M.D., P.A.

Principal Place of Business

**551 W 51st PLACE
SUITE 204
HIALEAH, FL 33012**

Mailing Address

**551 W 51st PLACE
SUITE 204
HIALEAH, FL 33012**

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

FILED

99 NOV -1 PM 12:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/03/93

SP

5. FEI Number

65-0472166

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BARBEITO, JORGE L.	9241 S.W. 146th CT	MIAMI, FL 33186
STD	BARBEITO, MARIA C.	9241 S.W. 146th CT	MIAMI, FL 33186

**200003038512--4
-11/09/93--01010--007
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JORGE L. BARBEITO
551 W 51st PLACE
SUITE 204
HIALEAH, FL 33012**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

[Signature]

Date

10/12/99

Daytime Phone #

CR2500 (12/98)