


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA30000 85376**  
1. Corporation Name  
**MANUEL J. AVILES, M.D., P.A.**

**REINSTATEMENT 98-05**

2. Principal Office Address <b>1490 W. 49 PL.</b>		3. Mailing Office Address <b>1490 W. 49 PL.</b>	
Suite, Apt. #, etc. <b>Suite #270</b>		Suite, Apt. #, etc. <b>Suite # 270</b>	
City & State <b>HALEAH, FLORIDA</b>		City & State <b>HALEAH, FLORIDA</b>	
Zip <b>33012</b>	Country	Zip <b>33012</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>12/10/93</b>	
5. FEI Number <b>650467</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>MANUEL J. AVILES, M.D., P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1490 W. 49 PL.</b>	
Suite, Apt. #, Etc. <b>Suite #270</b>	
City <b>HALEAH</b>	State <b>FL</b>
	Zip Code <b>33012</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **DR. MANUEL J. AVILES, M.D.** Date **02/28/2005**  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MANUEL J. AVILES, M.D., P.A.	1490 W. 49 PL. Suite # 270	HALEAH, FL. 33012

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10. 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: **DR. MANUEL J. AVILES** Date **02/28/2005** (325)557-0649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E061 (01/05)