

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 OCT 20 PM 2:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000087968

1. Corporation Name

NILVIO R. AQUINO, M.D., P.A.

99AR

Principal Place of Business

Mailing Address

7100 W. 20TH AVE., #701
 HIALEAH FL 33016

7100 W. 20TH AVE., #701
 HIALEAH FL 33016

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

12/16/1993

Suite, Apt #, etc.
 HIALEAH, Florida

Suite, Apt #, etc.
 2140 West 68th Street
 City & State
 Hialeah, Fla # 310

5. FEI Number

65-0459278

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	AQUINO, NILVIO R M.D.	7100 W. 20 AVE. Suite #310 2140 West 68 Street	HIALEAH FL 33016 Hialeah, Fla 33016

600003029735--7
 -10/29/99--01085--026
 ****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AQUINO, NILVIO R M.D.
 7100 W. 20 AVE., STE. 701
 HIALEAH FL 33016

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/99

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

[Handwritten Signature]

10/18/99 305-362-2535

Date

Daytime Phone #

CR20040 (8/99)

NILVIO R. AGUINO M.D.
INTERNAL MEDICINE • CARDIOLOGY
NON INVASIVE CARDIOVASCULAR TESTING

PALMETTO GENERAL MEDICAL PLAZA
2140 WEST 68 STREET / SUITE #310
HIALEAH, FLORIDA 33016 / 305-362-2535

October 18, 1999

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To Whom It May Concern:

This is in reference to the renewal of the corporation Nilvio R. Aquino, MD., P.A. Please note that our P.A. new address is:

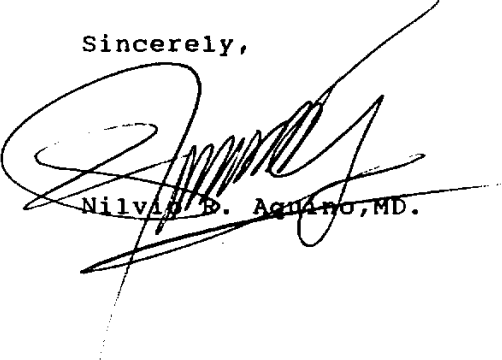
2140 W 68th Street
Suite #310
Hialeah, FL 33016

Because of the error in your records we never received the original renewal notification.

The reinstatement notification which we received and have enclosed a copy of, was forwarded to us by the current tenant of our previous address.

We are sorry for the inconvenience that this has caused and have enclosed a check for \$150.00 (the original renewal fee) and hope that we will receive a fair and favorable decision.

Sincerely,



NILVIO R. AGUINO, MD.