

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 30 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000003276**

1. Corporation Name

**OSCAR LORET DE MOLA M.D., P.A.**

2. Principal Office Address

**8310 SW 66 STREET**

Suite, Apt. #, etc.

3. Mailing Office Address

**8310 SW 66 STREET**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33143**

Country

Zip

**33143**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/13/1994**

5. FEI Number

**65-0469332**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 96-02**

7. Name and Address of Current Registered Agent

Name

**LORET DE MOLA, OSCAR**

Street Address (P.O. Box Number is Not Acceptable)

**8310 SW 66 STREET**

Suite, Apt. #, Etc.

City

**MIAMI**

State  
**FL**

Zip Code  
**33143**

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

**X** *[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/23/02**

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
DPVST	LORET DE MOLA, OSCAR	8310 SW 66 STREET	MIAMI FL 33143

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: **X** *[Signature]*

**OSCAR LORET DE MOLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/23/02**

Daytime Phone #

CR2E081 (9/01)

gr 1/2