

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 18 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005088

1. Corporation Name

Miguel A. Mier, M.D., P.A.

~~1118-25153~~

Principal Place of Business

Mailing Address

330 ~~SW~~ 27 Ave  
Suite 601  
Miami, FL 33135

REINSTATEMENT

95-98

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

1/24/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0468208

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
Pres	Miguel A. Mier	330 NW 27 Ave, # 601	Miami, FL 33135
Treas			

100002696241-4  
-11/25/98-01006-012  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
MIGUEL MIER  
Street Address (P.O. Box Number is Not Acceptable)  
330 S.W. 27 AVE  
Suite, Apt. #, Etc.  
City  
MIAMI  
State  
FL  
Zip Code  
33135

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

*Miguel A. Mier M.D.*  
REGISTERED AGENT MUST SIGN

Date

10/30/98

11. This corporation owes or has paid 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

*Miguel A. Mier M.D.*

Date

Daytime Phone #

10/30/98 (305) 643-2283

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CR2EM40 (1/98)