

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 94 0000 30 591**

1. Corporation Name

CERAMICS BY DESIGN, INC
7263 SW 48th ST
Miami, FL 33155

2. Principal Office Address

7263 SW 48 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33155

City & State

Zip

Country

Zip

Country

33155 Miami, Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-21-94

5. FEI Number

65-0490414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SARA SUAREZ

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

7263 SW 48th ST

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33155

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

Sara Suarez

REGISTERED AGENT MUST SIGN

Date

3/13/02

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
P	SARA SUAREZ	11366 SW 85th Ln	Miami, FL 33173

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:

Sara Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

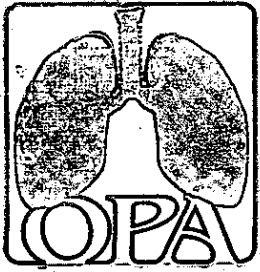
Date

3/13/02

Daytime Phone #

(305) 663-5558

CR2E081 (9/00)



Ocala Pulmonary Associates, P.A. & Sleep Center

Pulmonary Medicine, Critical Care & Sleep Disorders

April 8, 2002

*Department of State
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314*

Re: Ocala Pulmonary Associates, P.A.

Dear Sirs:

Enclosed is the reinstatement form and a check for \$1050.00 for the reinstatement fee.

Thank you for your assistance in this matter.

Respectfully,

*Kathleen Falestiny, RN
Administrator*

Kathleen Falestiny, R.N.
Administrator

3221 S.W. 33rd Rd.,
Suite 100
Ocala, Florida 34474
Tel: 352-237-7355
Fax: 352-237-8441

The Villages Regional
Medical Center
1400 US Hwy 441 N.,
Suite 524,
The Villages, Florida 32159
Tel: 352-237-7355