

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 94000057497

1. Corporation Name

DANIELLE DESVALLONS, M.D., P.A.

Principal Place of Business

Mailing Address

**209 N.E. 95 Street
Suite 4**

Same

Miami Shores, Fl 33138

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 Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/94

5. FEI Number

65-0514167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **xx**

**\$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 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
PST	Desvallons, Danielle	209 N.E. 95th Street Suite 4	Miami Shores, Fl 33138

200002874472--8
-05/13/99--01108--019
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

**Desvallons, Danielle
209 N.E. 95th Street
Suite 4
Miami Shores, Fl 33138**

9. Name and Address of New Registered Agent

Name **Jose R. Pujols, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
2701 S.W. LeJeune Road
Suite, Apt. #, Etc
Suite 401
City
Coral Gables

State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

[Signature of Jose R. Pujols]
REGISTERED AGENT MUST SIGN

Date

4/27/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 of Danielle Desvallons]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

305 757 4246

Date

Daytime Phone #

CR2040 (12/95)