

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 10 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058070**

1. Corporation Name

ORLANDO J. VENTURA M.D. PA

Principal Place of Business

Mailing Address

**9835 SW 34TH ST
MIAMI, FL 33165**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/04/94

5. FEI Number

65-0523473

Applied For

Not Applicable

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 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 | ORLANDO J. VENTURA | 9835 SW 34TH ST | MIAMI FL 33165 |
| | | | 000002489820-7 |
| | | | -04/15/98-01072-008 |
| | | | ***1058.75 ***1058.75 |
| | | | REINSTATEMENT 96-98 |
| | | | G. Alan |
| | | | 4/10/98 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ORLANDO J. VENTURA
9835 SW 34TH ST
MIAMI FL 33165**

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

Orlando Ventura

REGISTERED AGENT MUST SIGN

Date

04/07/98

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:

Orlando Ventura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/98

Date

Daytime Phone #

CR2040 (1/98)