

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 SEP - 3 AM 11:26

SECRETARY OF STATE
RECEIVED
TALLAHASSEE, FLORIDA

000160304880
09/03/09--01031--016 **1500.00

DOCUMENT # P94000063189

1. Corporation Name

PETE GARCIA, M.D., P.A.

2. Principal Office Address - No P.O. Box #

2700 SW 3 AVENUE

3. Mailing Office Address

2700 SW 3 AVENUE

Suite, Apt. #, etc.

1-B

Suite, Apt. #, etc.

1-B

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

US

Zip

33129

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1994

5. FEI Number
65-0515238

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

GARCIA, PEDRO

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

7720 SW 89 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	GARCIA, PEDRO	7720 SW 89 AVENUE	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 contained in Chapter 119, 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

PEDRO GARCIA

Date

Daytime Phone #

PRES.

9/4/09