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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 18 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000069471

1. Corporation Name

RAFAEL J LEON MD PA

2. Principal Office Address

6712 DAIRY ROAD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS

Zip

33540

Country

USA

3. Mailing Office Address

6712 DAIRY ROAD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS

Zip

33540

Country

USA

900022384769
08/18/03--01065--016 **750.00

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

07/01/94

5. FEI Number

59-3257542

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

RAFAEL J LEON

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

6712 DAIRY ROAD

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33540

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

X

REGISTERED AGENT MUST SIGN

Date

8/11/03

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	RAFAEL J LEON	6712 DAIRY ROAD	ZEPHYRHILLS FL 33540

REINSTATEMENT

99-03

TS

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

Date

813-788-1776

Daytime Phone #

CR2E081 (10/02)

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Rafael J. Leon, M.D., P.A.
6712 Dairy Road
Zephyrhills FL 33540
(813) 788-1776

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

August 11, 2003

To Whom It May Concern:

We were recently advised that our Corporation has been dissolved for several years. We were unaware of this situation, until an inquiry was made on our behalf by a third party. We were advised that the 1999 Annual Report was never filed.

We are certain that our Corporation did not receive the Annual Report for the year in question. Had it been received at our office, we certainly would have filed this timely. We are asking that, because we did not receive the filing document, any additional fees and/or late fees be waived.

Enclosed you will find the Corporation Reinstatement document as well as a check payable to the Department of State for \$750.00. If there is any further information you need to make our Corporation active, please contact me as soon as possible.

Thank you for your assistance in this matter.

Sincerely,



Rafael J. Leon, M.D.
President