

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 NOV 25 AM 9:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071367**

1. Corporation Name

ROBERTO M. ARIAS, D.C., P.A.

Principal Place of Business

Mailing Address

903 N. CENTRAL AVE
 KISSIMMEE FL 34741
 US

903 N. CENTRAL AVE
 KISSIMMEE FL 34741
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/28/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3269029	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
D	MAURICIO, JOSE J	4747 S. CONWAY RD., SUITE A	ORLANDO FL 32812
D	GILPIN, CRAIG	4747 S. CONWAY RD., SUITE A	ORLANDO FL 32812
D	ARIAS, ROBERTO M	806 N. MAIN STREET	KISSIMMEE FL 34744
P	ARIAS, Roberto M.	903 N. Central Ave.	Kissimmee, FL 34741
D	Arias, Matilde	903 N. Central Ave	Kissimmee, FL 34741

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ARIAS, ROBERTO M. 903 N. CENTRAL AVE KISSIMMEE FL 34741		Name: ARIAS, Roberto M. Street Address (P.O. Box Number is Not Acceptable): 903 N. Central Ave. Suite, Apt. #, Etc.: City: Kissimmee State: FL Zip Code: 34741	

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: **SIGNATURE REQUIRED** Date: **11/18/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See instructions 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)(f), 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 REQUIRED** Date: **11/18/98** (407) 847-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25X40 (8/88)