

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077074

1. Corporation Name

FRANCISCO J. PAGES MD PA

W-07000006162

600088906956
02/21/07--01030--001 **758.75

2. Principal Office Address - No P.O. Box #
1900 CORAL WAY

3. Mailing Office Address
1900 CORAL WAY

Suite, Apt. #, etc.
405

Suite, Apt. #, etc.
405

City & State
MIAMI. FL.

City & State
MIAMI. FL.

Zip
33145

Country
USA

Zip
33145

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10-20-194**

5. FEI Number
65-0531005

☐ 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
FRANCISCO J. PAGES

Street Address (P.O. Box Number is Not Acceptable)
1900 CORAL WAY

Suite, Apt. #, Etc.
405

City
MIAMI

State
FL

Zip Code
33145

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02-13-07**

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	PAGES, FRANCISCO J	1900 CORAL WAY #405	CORAL GABLES. FL.33145

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-07

Date

Daytime Phone #

B. Mitchell FEB 13 2007