

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000089697

1. Corporation Name

FERNANDO HERNANDEZ, P.A.

Principal Place of Business

2600 DOUGLAS RD.  
PENTHOUSE 10  
CORAL GABLES FL 33134  
US

Mailing Address

2600 DOUGLAS RD.  
PENTHOUSE 10  
CORAL GABLES FL 33134  
US

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

2. New Principal Office Address, if Applicable

300 SEVILLA AVENUE

Suite, Apt. #, etc.

206

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

3. New Mailing Office Address, if Applicable

300 SEVILLA AVENUE

Suite, Apt. #, etc.

206

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1994

5. FEI Number

65-0556469

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
PVST	HERNANDEZ, FERNANDO	1730 PIZARRO ST.	CORAL GABLES FL
			500002706175--8 -12/08/98--01057--001 *****50.00 *****50.00
			REINSTATEMENT 98
			500002706175--8 -12/08/98--01057--002 *****700.00 *****700.00

8. Name and Address of Current Registered Agent

HERNANDEZ, FERNANDO  
2600 DOUGLAS RD.  
PENTHOUSE 10  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name FERNANDO HERNANDEZ  
Street Address (P.O. Box Number is Not Acceptable)  
300 SEVILLA AVENUE  
Suite, Apt. #, Etc.  
206  
City CORAL GABLES State FL Zip Code 33134

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

REGISTERED AGENT MUST SIGN

Date 11-23-98

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98 (305) 443-8791  
Date Daytime Phone #