APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 30 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000092138

1. Corporation Name

MANUEL VIAMONTE, III, M.D., P.A.

REINSTATEMENT 00

Principal Place of Business	Mailing Address
4225 BAY POINT RD. MIAMI FL 33137	4225 BAY POINT RD. MIAMI FL 33137

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0541805 / Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VIAMONTE, MANUEL III	4225 BAY POINT RD.	MIAMI FL 33137
			1 000034790851 0 -11/20/00--01124--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FARRA, MIGUEL G 2699 S. BAYSHORE DR. MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State **FL** / Zip Code

CR2E040 (8/00)

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 _____
REGISTERED AGENT MUST SIGN
Date 10-26-00

11. 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.

KE

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-26-00
Daytime Phone # (305)5735598

0052558   AF