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

1997 JUN 25 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008440

1. Corporation Name

JOSE J. CASTILLO, M.D., P.A.

Principal Place of Business | Mailing Address

5571 GOLDEN GATE PARKWAY
NAPLES, FL 34116

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

2. New Principal Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country: COLLIER

3. New Mailing Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country: COLLIER

4. Date Incorporated or Qualified To Do Business in Florida: 2/1/95

5. FEI Number: 65-0560109 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CASTILLO, JOSE J.	5571 GOLDEN GATE PKW	NAPLES, FL 34116

500002225165--1
-06/27/97--01089--008
****915.00 ****915.00

REINSTATEMENT 940.00 6/25/97

8. Name and Address of Current Registered Agent

KURZWEIL, HOWARD E
328 MINORCA AVE 2ND FLOOR
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: JOSE J. CASTILLO
Street Address (P.O. Box Number is Not Acceptable): 5571 GOLDEN GATE PARKWAY
Suite, Apt. # if any:
City: NAPLES State: FL Zip Code: 34116

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: x [signature] REGISTERED AGENT MUST SIGN
Date: x 6/23/97.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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.

x [signature]
SIGNATURE: JOSE J. CASTILLO x 6/23/97 (941) 352-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #