

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

99 OCT 15 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019889

1. Corporation Name

MIGUEL A. AMOR M.D., P.A.

W99000023076

Principal Place of Business

1896 SW 22ND ST
MIAMI FL 33145
US

Mailing Address

P.O. BOX 144634
CORAL GABLES FL 33114-4634
US



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

2. New Principal Office Address, If Applicable

1437 SW 1st Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip *33135* Country *USA*

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1995

5. FEI Number

65-0564877

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
D	AMOR, MIGUEL A	<i>33 MALAGA AVENUE 9999 SW 21 ST</i>	<i>CORAL GABLES FL 33134 MIAMI FL 33165</i>

REINSTATEMENT *98-99*

600003026126--1
10/27/99-01040-006
****900.00 ***900.00*

8. Name and Address of Current Registered Agent

AMOR, DR. MIGUEL A
33 MALAGA AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9999 SW 21 STREET
Suite, Apt. #, Etc.
City *MIAMI* State *FL* Zip Code *33165*

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

MIGUEL A. AMOR - PRESIDENT

Date *09-29-99*

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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL A. AMOR - PRESIDENT *09-29-99*

Date

305-541-9101

Daytime Phone #