

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

1998 DEC -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024739

1. Corporation Name

ALEJANDRO JOSE VILASUSO, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

1321 NW 14TH STREET
SUITE 403 WEST BUILDING
MIAMI FL 33125

1321 NW 14TH STREET
SUITE 403 WEST BUILDING
MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

'98



SCC 12-4-98

4. Date Incorporated or Qualified To Do Business in Florida

03/28/1995

5. FEI Number

65-0567120

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)

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
PSTO	VILASUSO, ALEJANDRO J	4995 SW 82ND STREET	MIAMI FL 33143

500002707885--1
-12/09/98--01102--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHILLER, LISA M
848 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

Name

A. J. VILASUSO, M.D.

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

4995 SW. 82 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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

Date

11/20/98

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98

Date

(205) 325 0913

Daytime Phone #

CR2E040 (9/98)