

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P95000028559

1. Corporation Name

JORGE LUIS SOSA, M.D., P.A.

Principal Place of Business

Mailing Address

**3499 W 4TH AVENUE
201
HIALEAH FL 33012
US**

**3499 W 4TH AVENUE
201
HIALEAH FL 33012
US**

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



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0576667

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	SOSA, JORGE L M.D.	3499 W 4TH AVENUE 201	HIALEAH FL 33012
VTS	SORI, CRISTINA	3499 W 4TH AVENUE #201	HIALEAH FL 33012

200010420412
01/22/03--01063--006 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SOSA, JORGE L M.D.
9320 S.W. 17TH STREET
MIAMI FL 33165**

Name **Sosa Jorge M.D.**
Street Address (P.O. Box Number is Not Acceptable) **3499 W. 4th Avenue**
Suite, Apt. #, Etc. **# 201**
City **Hialeah** State **FL** Zip Code **33012**

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/30/02**

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02
Date

3055580411
Daytime Phone #

CR2E040 (8/02)