

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUL 19 AM 10:2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034501

1. Corporation Name

NESTOR FERNANDEZ, M.D., P.A.
(FICTITIOUS NAME)
ATLANTIC Medical Center of Broward County

2. Principal Office Address

5412 W. ATLANTIC BLVD.
Suite, Apt. #, etc.

3. Mailing Office Address

10097 CLEARY BLVD.
Suite, Apt. #, etc.
#271

City & State

MARGATE, FL.

City & State

PLANTATION, FL.

Zip

33063

Country

USA

Zip

33324

Country

USA

100077953951
07/25/06--01041--005 **1500.00

REINSTATEMENT

01-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-27-95

5. FEI Number

65-0581838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NESTOR FERNANDEZ, M.D.

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

10097 CLEARY BLVD.

Suite, Apt. #, Etc.

#271

City

PLANTATION, FL.

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nestor Fernandez

Date

7/18/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NESTOR FERNANDEZ.	10097 CLEARY BLVD. #271	PLANTATION, FL. 33324

10. 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 contained in Chapter 119, 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:

Nestor Fernandez

NESTOR FERNANDEZ

Date

7/18/06

Daytime Phone #

(954) 975-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25