

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

APPLICATION FOR 2000 UBR



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000035750

1. Corporation Name

KEY BISCAIYNE PEDIATRIC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

OFFICE BY THE SEA 240 CRANDON BLVD. STE 203 KEY BISCAIYNE FL 33149

240 CRANDON BLVD SUITE 106 KEY BISCAIYNE FL 33149 US

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

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0564176

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for PTD GUEVARA, RAMON A. at 3240 S.W. 129TH AVENUE, MIAMI FL.

5000003488655--1 -12/06/00--01011--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUEVARA, RAMON 240 CRANDON BLVD SUITE 106 KEY BISCAIYNE FL 33149

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State (FL), and Zip Code.

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] REGISTERED AGENT MUST SIGN

Date: 10/24/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 (305)361-6232 Date Daytime Phone #

CR2E040 (8/00)

JOSE A. RIESCO, P.A.
CERTIFIED PUBLIC ACCOUNTANT

20f3

2801 Ponce De Leon Boulevard
Suite 1000
Coral Gables, Florida 33134-6917
Telephone: (305) 445-0777
Telefax: (305) 446-8576
E-Mail: JAR.CPA@worldnet.att.net

CERTIFIED MAIL R R R - 7000 0520 0018 3868 5924

October 24, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Key Biscayne Pediatric Associates, Inc., Document Number: P95000035750
Ramon A. Guevara, DO, PA, Document Number: P95000035745

To Whom It May Concern:

This letter is in reference to your Notices of Administrative Dissolution or Revocation, you sent to the above referenced entities, whom I represent. It appears that for some unknown reason, other than perhaps being lost in the process between that Post Office and your offices, the above two entities have been administratively dissolved.

My client has represented to me that they mailed the Original Annual Reports, along with the \$150.00 checks on or around April 29, 2000. On that day, Dr. Ramon Guevara individually mailed out three different envelopes containing the checks and the information for three different Corporations, which he owns stock in, and serves as their Registered Agent. He sent out each Company's Annual Report duly signed and dated, along with a check for \$150.00. On two of the entities, he sent an extra amount of \$8.75 for a Certificate of Status. The related entity whose Report and check made it to you is DAGUE, Inc., Document Number P97000038212, and we have included a copy of its Certificate of Status as proof of what Dr. Guevara is alleging.

We are also including replacement checks of \$150.00 for the two Corporations whose information apparently did not reach your offices, along with the duly signed Applications For Reinstatement. In addition, you will find a copy of each Company's check stubs reflecting when the checks were originally prepared and mailed on April 29, 2000.

My client respectfully requests you consider his petition for Reinstatement as he has done everything correctly, and timely, and that the Reinstatement fee of \$600 per Company be waived.

P95000033750

3 of 3

Department of State
October 24, 2000
Page 2

I trust you will find everything to be in order. If you should have any questions on this or any other matter, or should you desire additional information, please contact me.

Very truly yours,



Jose A. Riesco

Enclosures

IRL/dt

cc: Key Biscayne Pediatric Associates, Inc.
Ramon A. Guevara, DO, PA