

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFAX AUDIT #  
H000000128007  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P95000039542

1. Corporation Name P & A RADIOLOGIST STAFFING,  
INC

Principal Place of Business

947 S.W. 122ND AVE  
MIAMI FL 33182

Mailing Address

947 S.W. 122 AVE  
MIAMI FL 33182

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0582008

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
P	ROSARIO JARDINES	947 S.W. 122 AVE	MIAMI FL 33182

8. Name and Address of Current Registered Agent

ARMANDO PENAS  
947 S.W. 122ND AVE  
MIAMI FL 33184

9. Name and Address of New Registered Agent

Name ROSARIO JARDINES  
Street Address (P.O. Box Number is Not Acceptable)  
947 S.W. 122ND AVE  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33184

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

Date

3/17/00

11. This corporation owes 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

3/17/00  
Date

Daytime Phone #

PREPARED BY  
ROSARIO JARDINES  
947 S.W. 122 AVE

FAX AUDIT # H000000128007

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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**To:**

Division of Corporations

Fax Number : (850) 922-4004

**From:**

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.

Account Number : 071324000655

Phone : (305) 541-0790

Fax Number : (305) 541-4015

## CORPORATION REINSTATEMENT

**P & A RADIOLOGIST STAFFING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00