

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 31 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000042258**

1. Corporation Name

JUAN CARLOS BERMUDEZ, P.A.

Principal Place of Business

~~2701 PONCE DE LEON~~ **8300 NW 53 st.**
~~MEZZANINE LEVEL~~ **Suite 300**
~~CORAL GABLES FL 33134~~ **Miami, FL 33166**

Mailing Address

~~2701 PONCE DE LEON~~ **8300 NW 53 st.**
~~MEZZANINE LEVEL~~ **Suite 300**
~~CORAL GABLES FL 33134~~ **Miami, FL 33166**



REINSTATEMENT 2002

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

05/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0587825

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

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

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	BERMUDEZ, JUAN C	2701 PONCE DE LEON, MEZZANINE L 8300 NW 53 st. # 300	CORAL GABLES FL 33134 Miami, FL 33166

100009863141
01/06/03--01040--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERMUDEZ, JUAN C
~~2701 PONCE DE LEON~~ **8300 NW 53 st.**
~~MEZZANINE LEVEL~~ **Suite 300**
~~CORAL GABLES FL 33134~~ **Miami, FL 33166**

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/31/02

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 BERMUDEZ

12/31/02 35-639-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)