

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
[REDACTED]

FLORIDA REINSTATEMENT STATE  
Sandra B. Blumenthal  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P95000046422

1. Corporation Name

M.A. HERNANDEZ-GARAY, D.D.S., P.A.

Principal Place of Business

2555 COLLINS AVE.  
CLUB ATLANTIS #C-3  
MIAMI BEACH FL 33140  
US

Mailing Address

2115 SW 13 ST  
MIAMI FL 33145  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1995

5. FEI Number 65-0591867

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
D	HERNANDEZ-GARAY, M.A.	2899 COLLINS AVE #748	MIAMI BEACH FL

1000002340531--8  
-11/06/97-01089-009  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ-GARAY, M.A.  
2899 COLLINS AVE #748  
MIAMI BEACH FL 33140

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.

Signature of  
Registered Agent X

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/97

305-643-6645

CR2040 (8/97)

Miami 10/29/97

(2)

Towhom it may concern:

On the above date, I  
Spoke to a representative  
at (850-)487-6059  
regarding my notice of dissolu-  
tion.

I explained to her, that I never  
received any mailing prior to  
this certificate.

Upon her advisement, I have  
enclosed a check for \$165.

Please process my application  
appropriately.

Sincerely,

D. Attorney