

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

DOCUMENT # P95000051079

1. Corporation Name

Quintana OB/GYN Services, P.A.

2. Principal Office Address

1717 SW Newland way

Suite, Apt. #, etc.

3. Mailing Office Address

1717 SW Newland way

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Lake City, Florida

Zip

32025

Country

USA

Zip

32025

Country

USA

REINSTATEMENT

03

MRS

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

06/27/1995

5. FEI Number

593321889

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

Jose R. Quintana, MD

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

1717 SW Newland way

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

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

[Signature]

Date 12/29/03

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
PRESIDENT S/DGTOR	JOSE R. QUINTANA, MD	1717 SW Newland Way	LAKE CITY, FL 32025
V/D P/V/D			

800025867508
12/31/03--01010--006 **150.00

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 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

12/29/03 (386)365-1804

Date

Daytime Phone #

CR2E081 (1002)

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December 29, 2003

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

From: Quintana OB/GYN Services, P.A.
Jose R. Quintana, MD
1717 SW Newland Way
Lake City, FL 32025

Dear Madam/Sir:

I just found out that my corporation (document number P95000051079) has been inactive for some time. I send a check for \$150.00 on April 30 2003 and I thought that the corporation was active. After talking to one of your operator I was told that my check and form were send back due to they were not signed. I never received this mail or the check. I am enclosing a Corporation Reinstatement form and a check for \$150.00.

I appreciate your taking care of this matter at your earliest convenience. If you need more information, do not hesitate to contact me.

Sincerely yours,


Jose R. Quintana, MD