

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 NOV 14 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060213

1. Corporation Name

NORMA HENRIQUEZ, M.D., P.A.

Principal Place of Business

9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 34135
US

Mailing Address

P O BOX 2161X
BONITA SPRINGS FL 34133
US

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

2. New Principal Office Address, If Applicable

25100 GOLDCREST DRIVE

Suite, Apt. #, etc.

UNIT 122

City & State

BONITA SPRINGS FL

Zip

34134

Country

LEE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1995

5. FEI Number

65-0597919

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)

Title(s)

1 Name of Officers
and/or Directors

2

3 Street Address of Each
Officer and/or Director

4

City / State / Zip

D

HENRIQUEZ, NORMA

~~9240 BONITA BEACH ROAD #2215~~
~~25100 GOLDCREST DRIVE~~
~~UNIT 122~~

BONITA SPRINGS FL 34135

BONITA SPRINGS FL 34134

D HENRIQUEZ NORMA

25100 GOLDCREST DRIVE
UNIT 122

BONITA SPRINGS FL
34134

600008994886

11/14/02--01026--004 **150.00

600008994886

11/14/02--01026--005 **8.75

8. Name and Address of Current Registered Agent

HENRIQUEZ, NORMA

~~9240 BONITA BEACH ROAD #2215~~

~~BONITA SPRINGS FL 33923~~

9. Name and Address of New Registered Agent

Name

NORMA HENRIQUEZ MD P.A.

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

25100 GOLDCREST DRIVE

Suite, Apt. #, Etc.

UNIT 122

City

BONITA SPRINGS

State

FL

Zip Code

34134

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 OCT. 23 - 2002

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA HENRIQUEZ MD P.A.

OCT. 23 - 2002

Date

Daytime Phone #

CR2040 (8/02)

October 23-02

To whom it may concern:

Due to problems with the mail which was precipitated by a change of address I did not receive the two prior uniform business report (UBR) notices.

Enclosed is a check for \$150.00 and application for reinstatement. The 2nd check is for \$8.75 to request a certificate of status.

Sincerely,

Norma Henriquez M.D. P.A.
DIRECTOR.