

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 NOV 13 PH 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

88 11-15-07

REINSTATEMENT 04-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068117

1. Corporation Name

Jose E. Alvarez, M.D., P.A.

2. Principal Office Address - No P.O. Box #
7001 N. Dale Mabry Hwy

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33641

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1995

5. FEI Number

59-3330948

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 75. Additional Certificate required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alvarez, Jose E

Street Address (P.O. Box Number is Not Acceptable)
7001 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

Suite A

City
Tampa

State
FL

Zip Code
33614

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11-7-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose E. Alvarez	7001 N. Dale Mabry Hwy, Ste. A	Tampa, Florida 33614

300112236223
11/13/07--01054--007 **\$600.00

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 contained in Chapter 119, 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

Date

Daytime Phone #

11-7-07