

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001022

1. Corporation Name
Ricardo Diaz-Landa M.D., P.A.

2. Principal Office Address
777 East 25th Street

3. Mailing Office Address
P.O. Box 143611

Suite, Apt. #, etc.
Suite 219

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Coral Gables, FL

Zip
33013

Country

Zip
33114

Country

REINSTATEMENT 16-00

4. Date Incorporated or Qualified
To Do Business in Florida
3/15/1996

5. FEI Number
65-0639444

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
Ricardo Diaz-Landa M.D.

Street Address (P.O. Box Number is Not Acceptable)
777 East 25th Street

Suite, Apt. #, Etc.
Suite 219

City
Hialeah,

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***1350.00 ***1350.00

State
FL

Zip Code
33013

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 *Ricardo Diaz-Landa M.D.*

Date 4-11-00

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
PD	Diaz-Landa, Ricardo	777 East 25th Street #219	Hialeah, FL 33013

KE

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: *Ricardo Diaz-Landa M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-11-00

Daytime Phone #

CR2E081 (9/98)