

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT -7 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000011673**

**1. Corporation Name**

ROBERTO ARCE, M.D., P.A.

**2. Principal Office Address**

11880 S.W. 40TH STREET

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

Zip

33175

Country

USA

**3. Mailing Office Address**

12430 S.W. 98TH COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

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

02/06/96

**5. FEI Number**

65-0647466

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

ROBERTO ARCE, M.D.

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

11880 S.W. 40TH STREET

Suite, Apt. #, Etc.

SUITE 210

City

MIAMI

State  
FL

Zip Code  
33175

**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

*Roberto Arce*  
REGISTERED AGENT MUST SIGN

Date

9/30/2003

**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	ROBERTO ARCE, M.D.	12430 S.W. 98TH COURT	MIAMI, FL 33176

**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:**

*Roberto Arce, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/2003

Daytime Phone #

CR2E081 (10/02)

2110/8