

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Hendra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

97 NOV 17 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028630

1. Corporation Name

MASTER MEDICAL & ASSOCIATES CORP.

Principal Place of Business

7811 CORAL WAY, SUITE # 120
MIAMI FL 33155

Mailing Address

7811 CORAL WAY, SUITE # 120
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1996

5. FEI Number

05-060399.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PUNALES, JULIO P	7811 CORAL WAY, SUITE # 120 # 117	MIAMI FL 33155

400002350944--7
-11/18/97-01085-002
****165.00 ****165.00

8. Name and Address of Current Registered Agent

PUNALES, JULIO P
7811 CORAL WAY, SUITE # 120
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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:

JULIO P. PUNALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97 (205) 529-3842
Date Daytime Phone #

CR2E040 (9/97)

(2)

October, 29, 1997

Ms. Arny Alaw.

As our conversation today. I am writing you this letter to explain that we never received the renewal notice for the annual report, because it was mailed to the wrong suit number.

I apologize for this inconvenience and appreciate your help with the processing of this application.

Sincerely,

Lutis P. Pritchard -
for Master Medical & Associates Corp.