


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 20 PM 3:11

COUNTY CLERK  
STATE OF FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039250**

1. Corporation Name  
**Humberto Fernandez-Miro, M.D., P.A.**

000072137540  
04/26/06--01022--008 \*\*1350.00

2. Principal Office Address  
**401 Miracle Mile**  
Suite, Apt. #, etc.  
**# 200**  
City & State  
**Coral Gables, FL**  
Zip  
**33134**

Country  
**Dade**

3. Mailing Office Address  
**7460 SW 64 St.**  
Suite, Apt. #, etc.  
City & State  
**Miami FL**  
Zip  
**33143**

Country  
**Dade**

**REINSTATEMENT**  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0874662**

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  
**Humberto Fernandez-Miro**

Street Address (P.O. Box Number is Not Acceptable)  
**7460 SW 64 St.**

Suite, Apt. #, Etc.

City  
**Miami**

State  
**FL**

Zip Code  
**33143**

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 **[Signature]** Date **4/17/06**

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
P, V.P., S, T	Humberto Fernandez-Miro	7460 SW 64 St.	Miami FL 33143

10. I certify that I am an officer or director of 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]** Date **4/17/06** Daytime Phone # **305-666-9899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR