

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

①

1997 OCT 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000034764

1. Corporation Name

Wilfredo Gonzalez, M.D., P.A.
7500 S W 8th Street, Suite 301
Miami, FL 33144

Principal Place of Business

Mailing Address

7500 S W 8th Street, Suite 301
Miami, FL 33144

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 07, 1996

5. FEI Number

65-0685141

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
Pres.	Dr. W. Gonzalez	7500 S W 8th Street #301	Miami, FL 33144
1			100002327061--3
			-10/22/97--01080--022
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Wilfredo Gonzalez, M.D.

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

7500 S W 8th Street #301

Suite, Apt. #, Etc.

Miami, FL 33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-97 (305) 265-7711
Date Daytime Phone #

CR2E040 (12/96)

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WILFREDO GONZALEZ, M.D.

INTERNAL MEDICINE

7500 S.W. EIGHTH ST., SUITE 301

MIAMI, FL 33144

TELEPHONE: (305) 265-7711

Oct. 16, 1997

Florida Department Of State
DIVISION OF CORPORATION
P.O. Box 6327
Tallahassee, FL 32314

Reg: Wilfredo Gonzalez MD PA

Dear Gentleman:

Recently, we have tried to establish a credit line with our bank and were denied because the State of Florida says we owe money due for the annual corporation report. We never received this report, because it was mailed to the wrong address. Apparently, our lawyer then, had incorporated us with the wrong address (see attached Articles). We were not aware of this mistake until now. We would like to request that the penalties be abated, because had we receive this form it would have been completed and returned to you immediately. We have enclosed a reinstatement form, plus a check for \$165.00

Please change your records to show our address:

Wilfred Gonzalez, M.D., P.A.
7500 S W 8th Street
Suite #301
Miami, FL 33144

If you need any further information please contact us.

Sincerely,



Wilfredo Gonzalez, M.D.