

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000044788**

1. Corporation Name

REX L. GOMEZ, M.D., P.A.

Principal Place of Business

Mailing Address

1273 FLORIDA AVENUE
 ROCKLEDGE FL 32955

1273 FLORIDA AVENUE
 ROCKLEDGE FL 32955

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3051142

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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	4 City / State / Zip
D	GOMEZ, REX L M.D.	1273 FLORIDA AVENUE	ROCKLEDGE FL 32955

200023751502
 10/13/03--01072--016 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRONSTEIN, JOEL D ESQ
 1273 FLORIDA AVENUE
 ROCKLEDGE FL 32958

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 SIGNATURE REQUIRED

Date

10/18/03

REGISTERED AGENT MUST SIGN

11. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321
 690 0000

CR2E040 (7/03)