

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 12:03

DOCUMENT # **P97000001429**

1. Corporation Name

ALVARO F. FERNANDEZ M.D., P.A.

Principal Place of Business

1507 CORDOVA ST
CORAL GABLES FL 33134
US

Mailing Address

1507 CORDOVA ST
CORAL GABLES FL 33134
US



REINSTATEMENT 99

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

01/07/1997

5. FEI Number

65-0721972

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	4 City / State / Zip
DP	FERNANDEZ, ALVARO F	1507 CORDOVA ST	CORAL GABLES FL 33134
DV	NARDO, ANA M.	1507 CORDOVA ST	CORAL GABLES FL 33134
			800003033028--8 -11/02/99--01098--018 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

FERNANDEZ, ANGEL P
780 NW 42ND AVE., STE. 319
MIAMI FL 33126-5536

9. Name and Address of New Registered Agent

Name

NORA NARDO

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

911 Venetia Ave

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Nora Nardo

REGISTERED AGENT MUST SIGN

Date

10/21/99

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:

Ana M Nardo ANA M NARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/99

Daytime Phone #

CR25040 (6/99)