

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028804

1. Corporation Name

AMCARE FAMILY PRACTICE P.A.
P97000028804

2. Principal Office Address

6201 12th st. n.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33702

Country

Pinellas

3. Mailing Office Address

6201 12th St. N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33702

Country

Pinellas

FILED

04 MAY 17 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800036519918
05/17/04--01068--018 **908.75

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/31/97

5. FEI Number

593444853

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

Mosquera, Benjamin

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

6201 12th St. N.

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code
33702

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**

REGISTERED AGENT MUST SIGN

Date

5/12/04

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
D	Mosquera, Benjamin	6201 12th St. N.	St. Petersburg, FL 33702
D	Mosquera, Dolores	6201 12th St. N.	St. Petersburg, FL 33702

10. 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

Date

Daytime Phone #

CR2E081 (01/04)