

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -1 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066271

1. Corporation Name

RUBEN GUZMAN, M.D., P.A.

Principal Place of Business

2400 HARBOR BLVD. SUITE 2  
PORT CHARLOTTE FL 33952

Mailing Address

2400 HARBOR BLVD. SUITE 2  
PORT CHARLOTTE FL 33952

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

2. New Principal Office Address, if Applicable

22099 ELMIRA BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

22099 ELMIRA BLVD

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/1997

5. FEI Number

13-3765751

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
D/P	GUZMAN, RUBEN	2400 HARBOR BLVD. SUITE 2 22099 ELMIRA BLVD.	PORT CHARLOTTE FL 33952
V	GUZMAN, LORI ANN	22099 ELMIRA BLVD	Port Charlotte, FL 33952
			500003039575--5 -11/09/99--01051--021 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

GUZMAN, RUBEN  
2400 HARBOR BLVD, SUITE 2  
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name  
GUZMAN, RUBEN  
Street Address (P.O. Box Number is Not Acceptable)  
22099 ELMIRA BLVD  
Suite, Apt. #, Etc.

City  
Port Charlotte

State  
FL

Zip Code  
33952

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

10/26/99

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.

KE

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/26/99

Date

766-6400

Daytime Phone #