

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAY 11 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066271

1. Corporation Name Ruben Guzman, M.D., P.A.

22099 Elmira Blvd.

300148557193  
04/03/09--01022--026 \*\*150.00

REINSTATEMENT 04-06

2. Principal Office Address - No P.O. Box #  
22099 Elmira Blvd.

3. Mailing Office Address  
22099 Elmira Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 7/28/1997

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. Name and Address of Current Registered Agent**

Name

Ruben Guzman

Street Address (P.O. Box Number is Not Acceptable)  
22099 Elmira Blvd.

Suite, Apt. #, Etc.

City

Port Charlotte,

State

FL

Zip Code

33952

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]

Date 4/01/2009

REGISTERED AGENT MUST SIGN

**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/P	Guzman, Ruben	22099 Elmira Blvd.	Port Charlotte, FL 33952
V	Guzman, Lori Ann	22099 Elmira Blvd.	Port Charlotte, FL 33952

300148557193  
05/12/09--01005--003 \*\*750.00

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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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/2009

Date

941-766-0400

Daytime Phone #