

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 12 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/13/02--01047--022 \*\*350.00

DOCUMENT # P97000073779

1. Corporation Name

L.M. FERRER, M.D., P.A.

Principal Place of Business

1095 WEST 40 PLACE  
HALEAH FL 32808

Mailing Address

1095 WEST 40 PLACE  
HALEAH FL 32808

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

2. New Principal Office Address, If Applicable

8360 W. Flagler ST  
Suite, Apt. #, etc. #206

3. New Mailing Office Address, If Applicable

8360 W. Flagler ST  
Suite, Apt. #, etc. #206

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

U.S.A.

Zip

33144

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1997

5. FEI Number

59-3464665

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FERRER, LUIS M	1095 WEST 40 PLACE	HALEAH FL 32808
		8360 W. Flagler ST #206	MIAMI, FL 33144

8. Name and Address of Current Registered Agent

FERRER, LUIS M  
1095 WEST 40 PLACE  
HALEAH FL 32808

9. Name and Address of New Registered Agent

Name

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

8360 W. Flagler ST

Suite, Apt. #, Etc.

206

City

MIAMI

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date

11/26/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/01

Daytime Phone #

(305) 225-1592