

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 24 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084856

1. Corporation Name

Personal Injury Associates of Hialeah, Inc

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-09/07/00--01005--011

****900.00 ****900.00

2. Principal Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

489 E Hialeah DR

Suite, Apt. #, etc.

#5

City & State

Hialeah FL

Zip

Country

33010

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0789728

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

Caridad Guilarte

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

489 E Hialeah DR

Suite, Apt. #, Etc.

#5

City

Hialeah

State

FL

Zip Code

33010

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

Caridad Guilarte / Caridad Guilarte

Date 8/23/00

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
P	Caridad Guilarte	489 E Hialeah DR Suite #5	Hialeah, FL 33010

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:

Caridad Guilarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00 (305) 885-3600
Date Daytime Phone #