

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 OCT 25 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000092524

1. Corporation Name

MARIO MAGCALAS, M.D., P.A.

Principal Place of Business

Mailing Address

1820 SWEETBAY WAY  
HOLLYWOOD FL 33019

1820 SWEETBAY WAY  
HOLLYWOOD FL 33019



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

2. New Principal Office Address, If Applicable

7100 W. 20TH AVENUE

Suite, Apt. #, etc.

# 504

City & State

MIAMI FL

Zip

33016

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1997

5. FEI Number

65-0793259

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MAGCALAS, MARIO MD	1820 SWEETBAY WAY	HOLLYWOOD FL 33019

900003034129--2  
-11/03/99--01069--007  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSSMAN, JAY D  
5881 NW 151 STREET  
#101  
MIAMI LAKES FL 33014

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. 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. The 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

Mario Magcalas, President/Director

Date

Daytime Phone #

10-19-99 305-820-1555

CR2E040 (8/99)



**MARIO M. MAGCALAS, M.D., F.C.C.P.**

DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
BOARD CERTIFIED IN INTERNAL MEDICINE  
PULMONARY DISEASES AND CRITICAL CARE MEDICINE

PALMETTO MEDICAL PLAZA  
7100 WEST 20TH AVE., SUITE 504  
HIALEAH, FLORIDA 33016

TEL: (305) 820-1555  
FAX: (305) 820-1903

October 20, 1999

Department of State  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To whom it may concern:

I am writing this letter to inform you that I have not received any notice for submission of annual report of my corporation ,Mario Magcalas, MD, PA in June 1999. I recently received this notice of dissolution of my corporation and have contacted your customer service and advised to write this letter. Enclosed is amy annual dues of \$150.00.

Please call me directly if you have any questions. I am hoping for your consideration on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mario M. Magcalas'.

MARIO M. MAGCALAS, MD, F.C.C.P.