## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION ---**FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

## P98000002536 DOCUMENT #

1. Corporation Name

JOSE A. QUIMBAYO, M.D., P.A.

Principal Place of Business

3201W WATERS AVE

Mailing Address

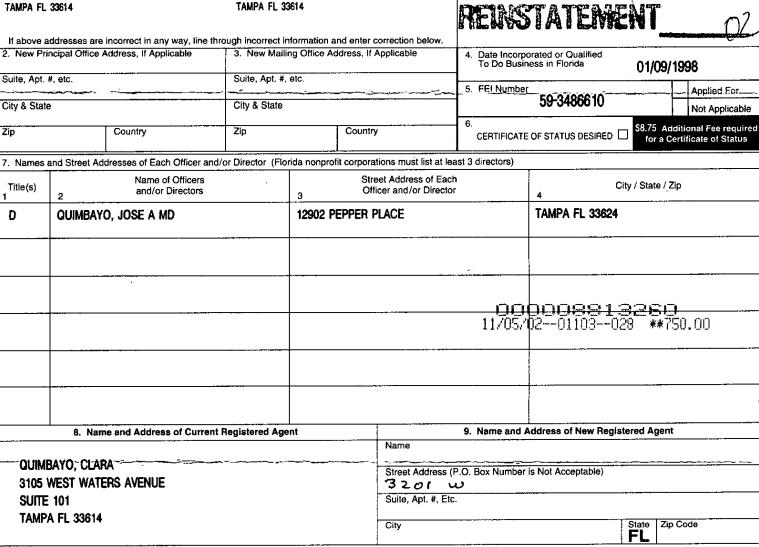
3201W WATERS AVE

**TAMPA FL 33614** 

FILED

02 NOV -5 PM 2: LL

SECRETARY OF STATE TALLAHASSEE ELOPINA



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. or 617.0505, F.S.

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 filling 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 of Registered Agent

10.55-05 813-6120077