

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 20 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000014900*

1. Corporation Name
C. ECILIO TORRES-RUIZ, M.D., P.A.

06-04-03 90100 020 \$150.00

REINSTATEMENT *03-05*

05-05-03 01122 024 \$50.00

2. Principal Office Address
4545 PLEASANT HILL RD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.

City & State
KISSIMMEE

City & State

Zip
FL

Country
ORCOLA

Zip
34759

Country
LLS

4. Date Incorporated or Qualified To Do Business in Florida
03/01/1998

5. FEI Number
FEI 593499726

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
TORRES-RUIZ, Cecilio *800055724018*
*06/06/05--01008--006 **900.00*

Street Address (P.O. Box Number is Not Acceptable)
4545 PLEASANT HILL RD ~~*ST 112*~~

Suite, Apt. #, Etc.
ST 112

City
KISSIMMEE

State
FL

Zip Code
34759

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
Cecilio Torres-Ruiz MD
REGISTERED AGENT MUST SIGN

Date
5/19/05

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
<i>PST</i>	<i>TORRES-RUIZ, Cecilio</i>	<i>4545 PLEASANT HILL RD Suite 112</i>	<i>KISSIMMEE 34759</i>

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: *Cecilio Torres-Ruiz MD* *5/19/05* *407 933 7680*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)