

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

CECILIO TORRES-RUIZ, M.D., P.A.

2. Principal Office Address

4545 PLEASANT HILL RD

Suite, Apt. #, etc.

Suite 112

City & State

KISSIMMEE

Zip

FL

Country

ORCOLA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

34759

Country

LLS

REINSTATEMENT

03-05

06-04-03 90100 020 \$150.00

05-05-03 01112 024 \$50.00

**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

Suite, Apt. #, Etc.

Suite 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/05 407 933 7680

Date

Daytime Phone #

CR20081 (01/05)