

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 24 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019538

1. Corporation Name

CARLOS M. DE CESPEDES, M.D., P.A.

2. Principal Office Address

3661 South Miami Avenue

Suite, Apt. #, etc.

Suite #505

City & State

Miami, Florida

Zip

33131

Country

Miami-Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2/98

5. FEI Number

65-0813071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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7. Name and Address of Current Registered Agent

Name

De Cespedes, Carlos M.

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

3661 South Miami Avenue

Suite, Apt. #, Etc.

Suite #505

City

Miami

State / Zip Code
FL 33131

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**

X

REGISTERED AGENT MUST SIGN

Date 7/21/01

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
D	De Cespedes, Carlos M.	3661 South Miami Ave. S-505	Miami, Florida 33131

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:

Carlos M De Cespedes

7/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #