

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000008975120
11/13/02--01078--001 **150.00

DOCUMENT # P98000019538

1. Corporation Name

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

Principal Place of Business

3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI FL 33131

Mailing Address

3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

03/02/1998

5. FEI Number

65-0813071

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE CESPEDES, CARLOS M	3661 SOUTH MIAMI AVENUE S-505	MIAMI FL 33131

8. Name and Address of Current Registered Agent

DE CESPEDES, CARLOS M.
3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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.

Signature of
Registered Agent

CARLOS M. DE CESPEDES
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

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., 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: x

CARLOS M. DE CESPEDES
SIGNATURE REQUIRED

CARLOS M. De Cespedes

10/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

October 31, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

RE: ~~CARLOS M. DE CESPEDES, M.D., P.A.~~
DOCUMENT #P98000019538
F.E.I. #65-0813071

Dear Sir/Madam:

As explained to your office in our telephone conversation of today, I **did not receive** the 2002 **Annual Report/Uniform Business Report** due on May 1, 2002, neither any Uniform Business Report (UBR) notices. As also mentioned to you, last year I **did not receive** the 2001 **Annual Report/Uniform Business Report**, neither any notices. Therefore, I had to file for reinstatement for the year 2001 and paid an additional \$600.00 on July 21, 2001.

As per your instructions enclosed please find the completed Application for Reinstatement, the filing fee in the amount of \$150.00 and of course this letter of explanation.

Sincerely yours,



Carlos M. De Cespedes, M.D.
President

Enclosures

CMDC:mba