

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN -1 AM 8:32

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022388

1. Corporation Name
TORGE ACEVEDO-CRESPO, M.D., P.A.
~~110600055549~~

2. Principal Office Address <u>3661 S. MIAMI AVE.</u>		3. Mailing Office Address <u>3661 S. MIAMI AVE.</u>	
Suite, Apt. #, etc. <u>SUITE 909</u>		Suite, Apt. #, etc. <u>SUITE 909</u>	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33133</u>	Country <u>USA</u>	Zip <u>33133</u>	Country <u>USA</u>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 3/10/98

5. FEI Number 65-0827180 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$275 Additional Fee required for Certificate of Status.

7. Name and Address of Current Registered Agent

Name TORGE ACEVEDO-CRESPO, MD

Street Address (P.O. Box Number is Not Acceptable)
3661 S. MIAMI AVENUE

Suite, Apt. #, Etc. SUITE 909

City MIAMI State FL Zip Code 33133

600104259026
06/12/07--01019--019 **1050.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
<u>PRESIDENT</u>	<u>TORGE ACEVEDO-CRESPO, MD</u>	<u>100 SOUTH POINTE DRIVE #3605</u>	<u>MIAMI BEACH, FL 33139</u>

REINSTATEMENT 01-06

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 contained in Chapter 119, 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: [Signature] Date 8/15/2006 Daytime Phone # 726-6918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 15, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Jorge Acevedo-Crespo, MD PA
Document # P98000022388

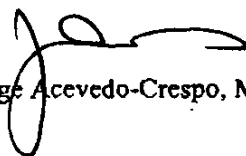
To Whom It May Concern:

2001

Enclosed please find a check for \$900.00 to cover the fees for the past six years. As per my conversation with an agent in your office, I am requesting a waiver of all late fees as I have not done business at the Michigan Avenue address for the past six years.

If you have any questions, please do not hesitate to call me at 305-845-9010.

Sincerely yours,


Jorge Acevedo-Crespo, MD