PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 NOV -4 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044721

1. Corporation Name

JULIO C UGARTE, MD, PA

Principal Place of Business	Mailing Address
13186 SE 145TH AVE. OCKLAWAHA FL 32179	13186 SE 145TH AVE. OCKLAWAHA FL 32179

11/30/99 900057023 $550.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/01/1998

5. FEI Number: 59-3512322 ☐ 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
Pres.	JULIO C. UGARTE MD	13186 SE 145th AVE	OcklawahaFl 32183
Secr.	Cindy A UGARTE	13186 SE 145th AVE	OcklawahaFl 32183

8. Name and Address of Current Registered Agent

UGARTE, JULIO C
13186 SE 145TH AVE.
OCKLAWAHA FL 32179

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 (8/99)

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.

Signature of Registered Agent: Julio C. Ugarte REQUIRED — Date: 10/20/99

REGISTERED AGENT MUST SIGN

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: Cindy A. Ugarte — 10/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

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JULIO C. UGARTE M.D.
Family Physician

Diplomate, American Board of Family Practice
Fellow, American Academy of Family Physicians

10/20/99

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To whom it may concern:

Please be advised that our application was sent in on time and our check has ben cashed. We did not recive any coorespondnce from your office regarding any problems with our application until we recived the reinstatement application. I called your office and they said to send this letter along with the reinstatement application filled out. They said block (7) was not completed corectly. Please reinstate this coporation as soon as possible. Thank you in advance for your cooperation with this matter.

Respectfully,
Cindy A Ugarte

3261 U.S. Highway 441/27 • Building F, Suite 1 • Fruitland Park, FL 34731
Telephone: 352.365.2289 • Telefax: 352.365.6740