

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -7 AM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048707

1. Corporation Name

FRANCESCO CABRERA M.D. P.A.

2. Principal Office Address - No P.O. Box #

11880 BIRD ROAD

Suite, Apt. #, etc.

315

City & State

MIAMI, FLORIDA

Zip

33175

Country

US

3. Mailing Office Address

11880 BIRD ROAD

Suite, Apt. #, etc.

405

City & State

MIAMI, FLORIDA

Zip

33175

Country

US

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1998

5. FEI Number

65-0509858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

FRANCESCO CABRERA

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

11880 BIRD ROAD

Suite, Apt. #, Etc.

405

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08/30/2007

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
P--	GLADYS CABRERA	1999 SW 23 AVE.	MIAMI, FL. 33145
V/S/T	FRANCESCO CABRERA	11880 BIRD. ROAD # 405	MIAMI, FL. 33175

500109214225
09/07/07--01042--005 **1200.00

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: X

[Signature]

FRANCISCO CABRERA -VST

08/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #