

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 17 AM 10:17

DOCUMENT # P98000049489

1. Corporation Name

Karen F. Juarez, D.O., P.A.

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

2451 McMullen Booth Rd.

Suite, Apt. #, etc.

Suite 254

City & State

Clearwater, FL

Zip

33759

Country

3. Mailing Office Address

P.O. Box 1536

Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip

34677

Country

CR2E081 (12/07)

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

6/1/1998

5. FEI Number
59-3515621

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Karen Juarez

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

2451 McMullen Booth Rd.

Suite, Apt. #, Etc.

Suite 254

City

Clearwater

State

FL

Zip Code

33759

☒ 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.

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

Karen Juarez
REGISTERED AGENT MUST SIGN

Date 4/1/2008

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
PD	Karen F. Juarez	2451 McMullen Booth Rd.	Clearwater, FL 33759

B 4/18/08

REINSTATEMENT

05-08

600123935386
04/17/08--01049--022 **600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Juarez

4/1/08

Date

Daytime Phone #