

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000050470

1. Corporation Name  
 MIGUEL A. LOPEZ-VIEGO, M.D., P.A.

Principal Place of Business	Mailing Address
2623 S. SEACREST BOULEVARD SUITE 118 BOYNTON BEACH FL 33435	2623 S. SEACREST BOULEVARD SUITE 118 BOYNTON BEACH FL 33435

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
2623 S. Seacrest Blvd Suite 118A Boynton Bch, FL 33435 USA	2623 S. Seacrest Blvd Suite 118A Boynton, Bch FL 33435 USA

4. Date Incorporated or Qualified To Do Business in Florida	08/03/1998	SP
5. FEI Number	65-0888143	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 A not to be fee required for a Certificate of Status.		

FILED  
 99 NOV 22 PM 1:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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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
PSTD	LOPEZ-VIEGO, MIGUEL A M.D.	2623 S. SEACREST BOULEVARD, SUIT 118A	BOYNTON BEACH FL 33435

000003060510--9  
 -12/03/99--01095--011  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LAVENDER, JOEL R ESQ 507 S.E. 11TH COURT FORT LAUDERDALE FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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: [Signature] **REQUIRED** Date: 11/3/99  
 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: [Signature] **REQUIRED** Date: 10/1/99 (561) 736-8200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR28240 (8/99)