

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000052927

1. Corporation Name

Parkview Pediatrics, P.A.
220 Parkview Place
Lakeland, Florida 33805

2. Principal Office Address

220 Parkview Place

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

06/10/1998

5. FEI Number

59-1300815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 APR 22 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Lilia Taylor Urquiza, MD

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

220 Parkview Place

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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

Lilia Urquiza Taylor

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
P	Lilia Taylor Urquiza, MD	220 Parkview Place	Lakeland, FL 33805

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 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:

Lilia Urquiza Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02

Date

Daytime Phone #

CR2E081 (9/01)