

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000063705

1. Corporation Name

FELIX ANTHONY SOSA, M.D., P.A.

Principal Place of Business

7139 N HIGHWAY US 1
COCOA FL 32927

Mailing Address

7139 N HIGHWAY US 1
COCOA FL 32927

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

2. New Principal Office Address, If Applicable

5455 North US 1
Suite, Apt. #, etc.
Suite one and two

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Zip

32927

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

08/01/1998

SP

5. FEI Number

593523890

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 | 2 | 3 | 4 |
|----------|--------------------------------------|---|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D | SOSA, FELIX A | 7139 N HIGHWAY US 1 | COCOA FL 32927 |
| D | MONTEJO, DANIA M | 7139 N HIGHWAY US 1 | COCOA FL 32927 |
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

HELLER CAPITAL, INC.
308 NW 101 TERRACE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name Felix A Sosa

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

555 Newland Harbor Dr

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

REGISTERED AGENT MUST SIGN

Date 10/13/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

Daytime Phone #

407-631-5505