

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 11 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082710

1. Corporation Name

Pediatric Associates of Homestead, Inc.

2. Principal Office Address

15600 SW 288th St.,

Suite, Apt. #, etc.

#201

City & State

Homestead, FL.

Zip

33033

Country

USA

3. Mailing Office Address

15600 SW 288th St.

Suite, Apt. #, etc.

#201

City & State

Homestead, FL.

Zip

33033

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1998

SP

5. FEI Number

65-0864837

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

James M. Guest, CPA, P.A.

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

15600 SW 288th Street

Suite, Apt. #, Etc.

#201

City

Homestead,

State

FL

Zip Code

33033

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

[Signature]

Date 10/30/2000

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 |
|--------|--------------------------------------|---|---|
| PTSD | Hernandez, Raul, M.D. | c/o James M. Guest 15600 SW 288th St., #201 | Homestead, FL. 33033 |
| | | | 500003509165--6 -12/20/00--01077--021 ****150.00 ****150.00 |
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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:

Raul Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/2000

Daytime Phone #

305 248-0861