

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000005191

1. Corporation Name

ALVAREZ-SEPULVEDA, M.D., P.A.

Principal Place of Business

Mailing Address

7300 SW 62 PLACE
PENTHOUSE LEVEL
SOUTH MIAMI FL 33143

7300 SW 62 PLACE
PENTHOUSE LEVEL
SOUTH MIAMI FL 33143

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number

65-0888739

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SEPULVEDA, JAIME L	7300 SW 62 PLACE PENTHOUSE LEVEL	SOUTH MIAMI FL 33143
D	ALVAREZ, PEDRO J	7300 SW 62 PLACE PENTHOUSE LEVEL	SOUTH MIAMI FL 33143

300004724453--5
-12/13/01--01019--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALVAREZ, PEDRO J
7300 SW 62 PLACE
PENTHOUSE LEVEL
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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
REGISTERED AGENT MUST SIGN

Date

11/19/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -5 PM 2:12



REINSTATEMENT 01

CRE040 (8/01)