

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:11

DOCUMENT # P99000013455

1. Corporation Name

RICARDO TORRES - IRIBARREN, M.D., P.A.

Principal Place of Business

Mailing Address

~~720 S.W. 58TH CT.~~
~~MIAMI FL 33144~~

1831 SW 27th Ave.
Miami, FL 33145

~~720 S.W. 58TH CT.~~
~~MIAMI FL 33144~~

1831 SW 27th Ave
Miami, FL 33145



REINSTATEMENT 08

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

2. New Principal Office Address, If Applicable

1831 SW 27th Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1831 SW 27th Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1999

5. FEI Number

65-0895302

Applied For

Not Applicable

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

U.S.A.

Zip

33145

Country

USA

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
PD	TORRES-IRIBARREN, RICARDO M.D.	720 S.W. 58TH CT. 1831 SW 27 th Ave	MIAMI FL 33144 33145
			6000003481936--1 -11/30/00--01099--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

TORRES-IRIBARREN, RICARDO M.D.

~~720 S.W. 58TH CT.~~

~~MIAMI FL 33144~~

9. Name and Address of New Registered Agent

Name

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

1831 SW 27th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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 10/1/00

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

Ricardo Torres-Iribarren, M.D.

10/1/00

Date

305-855-8082

Daytime Phone #

CR2E040 (8/00)