

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 AUG 28 AM 10:10

DOCUMENT # P 99000035265

1. Corporation Name

GONZALEZ & PEREZ, M.D.P.A.

**REINSTATEMENT** 02-03

2. Principal Office Address

8955 SW 87th Court

Suite, Apt. #, etc.

#204

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Office Address

8955 SW 87th Court

Suite, Apt. #, etc.

#204

City & State

Miami, Florida

Zip

33176

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/1999

5. FEI Number

65-0911133

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

SANDINO GONZALEZ, M.D.

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

12225 SW 94 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date

8/26/03

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
PD	SANDINO GONZALEZ, M .D.	8955 SW 87th Court #204	Miami, FL 33176
D	GILLY PEREZ	8955 SW 87th Court #204	Miami, FL 33176
			000022614280

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/22/03

(305) 274-9890

Daytime Phone #

CR2E081 (9/01)

Tel. (305) 274-9890

Fax(305)274-8791

Gonzalez & Perez M.D., P.A.  
8955 SW 87 CT. Ste. 204  
Miami FL 33176

VIA FEDERAL EXPRESS

August 22, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Gonzalez & Perez, M.D.P.A.**

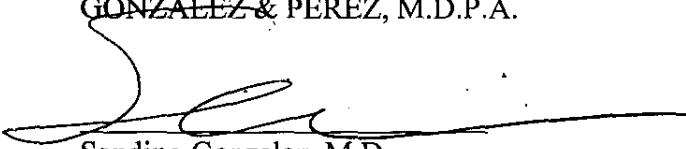
Dear Madam/Sir:

Enclosed is the application for Corporation Reinstatement for our P.A. We never received the notice for 2002 and 2003 because our address changed. We therefore request that the penalty for reinstatement be reduced.

Thank you for your prompt attention to this matter.

Yours truly,

GONZALEZ & PEREZ, M.D.P.A.



Sandino Gonzalez, M.D.



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 217101 83487A

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 300.00

ORDER DATE : August 25, 2003

ORDER TIME : 11:37 AM

ORDER NO. : 217101-005

CUSTOMER NO: 83487A

CUSTOMER: Nelson C. Keshen, Esq  
Nelson C. Keshen, P.A.  
Suite 1511  
9130 South Dadeland Boulevard  
Miami, FL 33156

DOMESTIC FILINGS

NAME: GONZALEZ & PEREZ, M.D.P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS \_\_\_\_\_