

To: 321-281-3691

From: All Florida Firm Notification - Phone 386-4 Pg 2/2 09/27/06 10:00 am

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 26 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # p99000041056

1. Corporation Name

WILJON W. BELTRE, M.D., P.A.

2. Principal Office Address

685 PALM SPRINGS DRIVE

3. Mailing Office Address

685 PALM SPRINGS DRIVE

Suite, Apt. #, etc.

1 E

Suite, Apt. #, etc.

1 E

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip
32701Country
USAZip
32701Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1999

5. FEEL Number

593574176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐If 75 Additional Form is required
for a Certificate of Status

7. Name and Address of Current Registered Agent

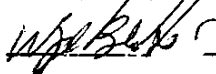
Name
BELTRE, WILJON W. MDStreet Address (P.O. Box Number is Not Acceptable)
685 PALM SPRINGS DRIVE

Suite, Apt. #, Etc.

1 E

City
ALTAMONTE SPRINGSState
FLZip Code
32701

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

9/28/06

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
PSD	WILJON BELTRE	685 PALM SPRINGS DRIVE	ALTAMONTE SPRINGS FL 32701

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 contained in Chapter 119, 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

9/28/06

Daytime Phone #

10-05-06 01044 005 \$300.00

CR2E081 (12/05)

05-06

Wiljon W. Beltre, M.D.,P.A.-P99000041056

WILJON W. BELTRE, M.D.,P.A.

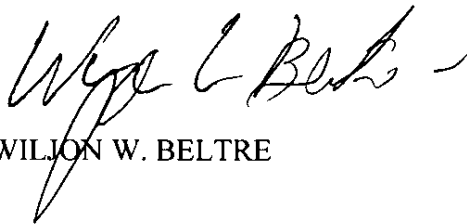
09/26/2006

TO WHOM IT MAY CONCERN,

I AM ENCLOSING MY REINSTATEMENT FORM FOR MY CORPORTION.
I NEVER RECEIVED THE RENEWAL NOTIFICATION 2005&2006 FOR MY
CORPORATION. THE INSTRUCTIONS FOR REINSTATEMENT INDICATE THAT
IF I DID NOT RECEIVE NOTICE, TO PUT THIS IN WRITING AND THE
REINSTATMENT FEE WOULD BE WAIVED.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Wiljon W. Beltre', with a long horizontal stroke extending to the right.

WILJON W. BELTRE