

APPROVE  
AND  
FILE

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 SEP 18 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000056155*

1. Corporation Name

*Hector Pombo, m.d., P.A.*

*W06000035938*

2. Principal Office Address

*7150 W 20 AVE*

Suite, Apt. #, etc.

*313*

City & State

*Hialeah Fl. 33016*

Zip

*33016*

Country

3. Mailing Office Address

*7150 W 20 AVE*

Suite, Apt. #, etc.

*313*

City & State

*Hialeah Fl. 33016*

Zip

*33016*

Country

**REINSTATEMENT**

*04-06*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*65-0927428*

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

*Hector Pombo*

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

*7150 W 20 AVE*

Suite, Apt. #, Etc.

*313*

City

*Hialeah*

State

*FL*

Zip Code

*33016*

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]*

REGISTERED AGENT MUST SIGN

Date

*9/13/06*

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
<i>President</i>	<i>Hector Pombo</i>	<i>7150 W 20 AVE 313 Hialeah, Fl. 33016</i>	<i>Hialeah Fl. 33016</i>

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

*8/9/06*

Date

Daytime Phone #

*305-702-9313*

*9/18/06*

# HECTOR POMBO, M.D.

General and Laparoscopic Surgery  
Diplomate, American Board of Surgery  
Fellow, American College of Surgeons

Pal-Med Building  
7150 West 20th Ave, Suite 313  
Hialeah, Florida 33016  
Telephone (305) 702-9313  
Fax (305) 702-9325

2082

Pines Professional Building  
17901 NW 5th Street, Suite 104-105  
Pembroke Pines, Florida 33029  
(305) 702-9313  
Fax (305) 702-9325

August 9, 2006


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

RE: Hector Pombo, M.D., P.A.

Enclosed please find a check in the amount of \$450.00 to cover the cost of the annual report for the above referenced corporation. This corporation never received the postcard notice. Please note that we have a change of address also.

We request an abatement of \$1,060.00 penalty for late filing. Thank you.

Sincerely,

  
Mercy Caballero  
Office Manager