

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 18 PH 1:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000074287**

1. Corporation Name

FRANCISCO MIRANDA, M.D. P.A.

Principal Place of Business

Mailing Address

12925 SW 110TH TERRACE
 MIAMI FL 33186

P.O. BOX 655209
 MIAMI FL 33265-5209

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



REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3594002

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MIRANDA, FRANCISCO M.D.	12925 SW 110TH TERRACE	MIAMI FL 33186

800003455878--5
 -11/07/00--01109--023
 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MIRANDA, FRANCISCO
 12925 SW 110TH TERRACE
 MIAMI FL 33186

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 *Francisco Miranda*
 REGISTERED AGENT MUST SIGN

Date 10-13-00

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: *Francisco Miranda*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-13-00
 Daytime Phone # _____

CR2E040 (8/00)