

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000079761</b>																													
<b>1. Entity Name</b> HECTOR LABRADA, M.D., P.A.																													
<b>Principal Place of Business</b> 5810 SW 16 STREET MIAMI, FL 33155 US			<b>Mailing Address</b> 5810 SW 16 STREET MIAMI, FL 33155 US																										
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		<b>4. FEI Number</b> 65-0954032																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  LABRADA, LUPE H 5810 SW 16TH ST. MIAMI, FL 33155				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																									
LABRADA, LUPE H 5810 SW 16TH ST. MIAMI, FL 33155				FL Zip Code																									
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																													
Signature, typed or printed name of registered agent and title if applicable.																													
DATE _____																													
<b>FILE NOW!!! FEE IS \$900.00</b>																													
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, written or other like empowered.</b>																													
<b>SIGNATURE:</b> _____																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date _____ Daytime Phone # _____																													

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07272006 REIN-P CR2E098 (11/05)

08-06

Applied For  
Not Applicable

## **Nunez Accounting & Tax Service, Inc.**

10668 Northwest Fontainebleau Blvd.  
Miami, FL 33172  
Telephone (305) 222-1280  
Fax (305) 222-1281

**July 27, 2006**

**Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314**

**Re: Document # P99000079761**

**Dear Sir:**

**We are attaching two checks for \$150.00 each to cover the filling fee for the year 2005 and 2006 for the above corporation. We are requesting that you wave the additional charges for filing late because we did not received the document to pay for the yearly fee for either year.**

**It was only accidentally that we discover that the corporation was inactive. We would appreciate if you could correct the situation to prevent the reoccurrence in future years. Our address has not change for the past five years but sometime we receive the document and sometime we don't. We realize that the Post Office may be at fault in this situation but it seems unlikely that they would fail to deliver the document during two consecutive years particularly when we receive other correspondence regularly.**

**Please feel free to call us if you need additional information about the matter.**

**Sincerely,**



**Roman Nunez**