

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 26 PM 1:47

DOCUMENT # P99000086892
1. Corporation Name

ALICIA RODRIGUEZ-JORGE, M.D., P.A.

2. Principal Office Address 3661 S Miami Avenue
3. Mailing Office Address 3661 S. Miami Avenue

Suite, Apt. #, etc. 1003 Suite, Apt. #, etc. 1003

City & State Miami, Fl. City & State Miami, Fl.

Zip 33133 Country Miami-Dade Zip 33133 Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 09/29/1999

5. FEI Number 65-0957232

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *00-01*

7. Name and Address of Current Registered Agent

Name ALICIA RODRIGUEZ-JORGE, M.D.
Street Address (P.O. Box Number is Not Acceptable) 4521 NW 4 Street
Suite, Apt. #, Etc.
City Miami

800003912908
03/27/01 01005-021
***908.75 ***908.75

State Zip Code
FL 33126

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 *Alicia Rodriguez Jorge*
REGISTERED AGENT MUST SIGN

Date 3/19/01

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
Pres.	ALICIA RODRIGUEZ-JORGE	4521 NW 4 Street	Miami, Fl. 33126

AD

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: *Alicia Rodriguez Jorge* ALICIA RODRIGUEZ-JORGE (305) 859-7719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #