

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000099599**

1. Corporation Name

HECTOR CHAVEZ, M.D., P.A.

Principal Place of Business

400 NORTHWEST 141 AVENUE
APT 305
PEMBROKE PINES FL 33028

Mailing Address

400 NORTHWEST 141 AVENUE
APT 305
PEMBROKE PINES FL 33028

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

2. New Principal Office Address, If Applicable

301 NW 202 TRAIL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

301 NW 202 TRAIL

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33029

Country

USA

City & State

Pembroke Pines FL

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

5. FEI Number

65-0972022

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CHAVEZ, HECTOR	400 NORTHWEST 141 AVENUE #305	PEMBROKE PINES FL 33028

8000003441748--7
-10/27/00--01021--005
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

CHAVEZ, HECTOR
400 NORTHWEST 141 AVENUE
APT 305
PEMBROKE PINES FL 33028

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00
954-4300917