

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 AM 10:05

TALLAHASSEE, FLORIDA

DOCUMENT # S00920

1. Corporation Name

ESTEVAN ALFONSO Ruiz, M.D., P.A.

2. Principal Office Address

8813 River Crossing Blvd.

Suite, Apt. #, etc.

City & State

NPR, Florida

Zip

34655

Country

PASCO

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800024263128  
10/30/03--01004--006 \*\*750.00

REINSTATEMENT 03

800024263128  
10/30/03--01004--006 \*\*8.75

4. Date Incorporated or Qualified  
To Do Business In Florida

9-14-1990

5. FEI Number

59-3026973

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

ESTEVAN ALFONSO Ruiz, M.D., P.A.

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

8813 RIVER CROSSING BLVD.

Suite, Apt. #, Etc.

City

NPR

State  
FL

Zip Code

34655

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 9/26/03.

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
P	Estevan Alfonso Ruiz	8813 River Crossing Blvd.	NPR, FL 34655

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]  
Date 9/26/03.

Date

727-375-1953  
Daytime Phone #

CR2E081 (10/02)