

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 26 PM 1:25

DOCUMENT # **S11087**

1. Corporation Name

RAMIRO REQUENA, M.D., P.A.

Principal Place of Business

Mailing Address

~~32615 US 19 N~~
~~STE 3~~
~~PALM HARBOR FL 34684~~

~~32615 US 19 N~~
~~STE 3~~
~~PALM HARBOR FL 34684~~



REINSTATEMENT *00*

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

2. New Principal Office Address, If Applicable

3231 McMullen Booth Rd

3. New Mailing Office Address, If Applicable

← SAME

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1990

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

5. FEI Number

59-3035071

Applied For

City & State

SAFETY HARBOR

City & State

Not Applicable

Zip

34695

Country

PINELLAS

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	REQUENA, RAMIRO MD	32615 US 19 N #3	PALM HARBOR FL

600003459766--0
 -11/09/00--01119--013
 *****750.00 *****750.00

\$1117

8. Name and Address of Current Registered Agent

REQUENA, RAMIRO MD
~~32615 US 19 N~~
STE 3
PALM HARBOR FL 34684

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

R. Requena
 REGISTERED AGENT MUST SIGN

Date **10/23/00**

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:

R. Requena
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00
 Date

727-797-9775
 Daytime Phone #

CFR2E040 (8/00)