

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S19882

1. Corporation Name

PROGRESSIVE PEDIATRICS OF ORLANDO, P.A.

Principal Place of Business

Mailing Address

~~521 W. STATE ROAD 434 SUITE 806~~
LONGWOOD FL 32750

~~521 W. STATE ROAD 434 SUITE 806~~
LONGWOOD FL 32750

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

2. New Principal Office Address, If Applicable

~~SUN E. STATE ROAD 434~~
SUITE 1E

CITY & STATE
LONGWOOD FL

Zip
32750

Country

3. New Mailing Office Address, If Applicable

~~SUN E. STATE ROAD 434~~
SUITE 1E

CITY & STATE
LONGWOOD FL

Zip
32750

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1990

5. FEI Number

59-3042689

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MIRELES, ALFONSO	521 W. STATE ROAD 434 SUN E. STATE ROAD 434	LONGWOOD FL 32750

600003070526--7
-12/19/99--01016--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

MIRELES, ALFONSO

~~521 W. ST. ROAD 434 8506~~ SUN E. ST. ROAD 434
LONGWOOD FL 32750

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

Date

11/25/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFONSO MIRELES

Date

11/25/99

Daytime Phone

KE

FILED

99 DEC -2 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

CR25040 (8/99)