

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
01 DEC '11 PM 2:47

DOCUMENT # **S22486**

1. Corporation Name

ANSELMO CEPERO-AKSELRAD, M.D., P.A.

Principal Place of Business

Mailing Address

3200 SW 60TH CT.
SUITE 304
MIAMI FL 33155

3200 SW 60TH CT.
SUITE 304
MIAMI FL 33155



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0243528

Applied For

Not Applicable

City & State

City & State

Zip

Country

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	CEPERO-AKSELRAD, ANSELMO	3200 SW 60TH CT., #304	MIAMI FL 33155

000004737900--3
-12/26/01--01018--019
****750.00 ****750.00

10/31/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONET, DAVID A.
3191 CORAL WAY
SUITE 201
MIAMI FL 33145

Name

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

2655 Le Jeune Road

Suite, Apt. #, Etc.

Penthouse 2-C

City

Coral Gables

State
FL

Zip Code
33134

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

10/31/01

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

12/03/2001

Daytime Phone #

CR2ED40 (8/01)