

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 10 PM 4:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S28656**

1. Corporation Name  
**ERICK M. SALADO, M.D., P.A.**

Principal Place of Business 935 W 49TH ST SUITE 203 HIALEAH FL 33012	Mailing Address 935 W 49TH ST SUITE 203 HIALEAH FL 33012
---	---



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

2. New Principal Office Address, If Applicable 1790 WEST 49TH STREET Suite, Apt. #, etc. 401 City & State Hialeah Florida Zip 33012 Country Dade	3. New Mailing Office Address, If Applicable 1790 WEST 49TH STREET Suite, Apt. #, etc. 401 City & State Hialeah Florida Zip 33012 Country Dade	4. Date Incorporated or Qualified To Do Business in Florida 01/31/1991	5. FEI Number 65-0244140 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SALADO, ERICK M MD	935 W 49TH ST, STE 203	HIALEAH FL 600002344886--7 -11/12/97--01084--021 ****750.00 ****750.00

**REINSTATEMENT** (99)  
 A. Salado  
 11/10/97

8. Name and Address of Current Registered Agent SALADO, ERICK M MD 935 W 49TH ST SUITE 203 HIALEAH FL 33012	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]* Date: 10/22/97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 10/22/97 Time: 10:05 Phone: 826-4570  
 Daytime Phone #

CP2E040 (8/97)