

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S28869

1. Entity Name  
VIVIAN PERAZA, M.D., P.A.



05 FEB -4 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4894 N.W. 4TH STREET  
MIAMI, FL 33126

Mailing Address  
4894 N.W. 4TH STREET  
MIAMI, FL 33126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0241257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERAZA, VIVIAN  
399 N.W. 49TH AVE.  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00  
300.00

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME PERAZA, VIVIAN  
STREET ADDRESS 399 N.W. 49TH AVE.  
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE TD  
NAME PERAZA, ORLAIDA  
STREET ADDRESS 4901 N.W. 4TH ST.  
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000044977720  
01/19/05--01006--015 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN PERAZA, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05 305-444-4400

305-444-4400



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**VIVIAN PERAZA, M.D.**

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PEDIATRICS

Board Certified  
Especialista en Niños  
y Adolescentes

January 31, 2005

To: Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

From: Vivian Peraza, MD  
Contact Name : Elizabeth Munoz  
FEI Number 65-0241257

This is to certify that year 2004 I have not received the reinstatement notice I call customer service I was told to send a letter to please avoid the fee of \$750.00 and sen a check for \$300.00 So please I am very sorry but I never receive a notice even I try to do it by INTERNET and was impossible.

If you have any question please do not hesitate to call me.

Thank You



VIVIAN PERAZA, MD