DI EASE DEAD		BEEOBE (COMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMEI Sandra B. Mor	NT OF STATE	T
REINSTATEMENT ***	Secretary of S	DATIONS	ACCEPT PM 5:16
DOCUMENT # \$29145		_	98 OCT 22 PM 5: 16 SECRETARY OF STATE,
- DR. OSCAR L. Hernandez, P.A			YALLAHASSÉE, FLORIDA
Principal Place of Business Mailing Address 12510 N Kendall Drive			
12510 NKendall Drive Mamin Fl 33186, 1054479220			REINSTATEMENT 94-98
If above addresses are incorrect in any way, line thro	rugh incorrect Information and enter	correction below.	SERVICE OF THE CONTROL OF THE CONTRO
New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida
City & State	City & State		5. FEI Number Applied For Not Applicable
Zip Country	Mian, Fl Zip 33186 Country	у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/o Name of Officers	Stre	eet Address of Each	h
Title(s) and/or Directors 1 2	3 (Do NOT Us	ficer and/or Director se Post Office Box N	r City / State / Zip Numbers) 4
P.VT. Hernandez, OSCAR	L 12510	N Kenda U	Drive man; F1 33186
			5000026767454 -10/30/9801055001 ***1050.00 ***1050.00
			20.30
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent
Name OSCAR L Hernandez KUD			
Suite, Apt. #, Etc.			O. Box Number is Not Acceptable) 12510 N Kendall Drive
City State Zip Code			
10. 1, being appointed the existered agent of the above named corporation, arm tamillar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Pagent Registered Agent Registered Agent Date 10/14/98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: 101/98 305 299 1515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			
Oscar L. Hernandez Wh			