

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 529145

1. Corporation Name

DR. Oscar L. Hernandez, P.A.

2. Principal Office Address

12510 N. Kendall Dr.

3. Mailing Office Address

12510 N. Kendall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33186

Country

Mia-Dade

Zip

33186

Country

Mia-Dade

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-1991

5. FEI Number

650248238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oscar L. Hernandez

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

12510 N. Kendall Dr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

11-13-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Oscar L. Hernandez	12510 N. Kendall Dr.	Miami, FL. 33186

10. 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 is not 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 are the same as the requirements of section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same effect as if I were under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR HERNANDEZ, M.D., P.A.
12510 N. KENDALL DRIVE
MIAMI, FLORIDA 33186

11-13-03

Date

305-270-1213

Daytime Phone #

CR2E081 (10/02)