


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S40864**


1. Corporation Name  
**FELIX J. HERNANDEZ, M.D., P.A.**

Principal Place of Business 2150 49TH ST. NO., S-D ST. PETERSBURG FL 33710	Mailing Address 2150 49TH ST. NO., S-D ST. PETERSBURG FL 33710
--	--

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**FILED**  
 01 NOV 30 PM 1:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** 2001

4. Date Incorporated or Qualified To Do Business in Florida  
 03/25/1991

5. FEI Number  
 59-3086471

Applied For  
 Not Applicable

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	HERNANDEZ, FELIX J.	2150 49TH ST. NO., S-D	ST. PETERSBURG FL

300004721323--3  
 -12/12/01--01083--001  
 \*\*\*\*750.00 \*\*\*\*750.00

ILS

8. Name and Address of Current Registered Agent

**HERNANDEZ, FELIX J.**  
 2150 49TH ST. NO.  
 S-D  
 ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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 *Felix Hernandez* Date *11/23/01*  
 REGISTERED AGENT MUST SIGN

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:** *Felix Hernandez* *11/23/01 11AM*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)