

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
 00 MAY 22 PM 12:11  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **564944**

1. Corporation Name **MANUEL E. ABELLA, M.D., P.A.**

2. Principal Office Address <b>9848 S.W. 110<sup>th</sup> Street</b>		3. Mailing Office Address <b>9848 S.W. 110<sup>th</sup> Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33176</b>	Country <b>USA</b>	Zip <b>33176</b>	Country <b>USA</b>

**REINSTATEMENT** *900*

4. Date Incorporated or Qualified To Do Business in Florida **7/9/91**

5. FEI Number **65-0270029**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Manuel E. Abella**

Street Address (P.O. Box Number is Not Acceptable) **9848 S.W. 110 St.**

Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33176**

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 -06/09/00--01092--016  
 \*\*\*\*900.00 \*\*\*\*900.00

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 *[Signature]* Date **4/3/00**

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
PST	Manuel E. Abella	9848 S.W. 110 St.	Miami, FL 33176
D	Manuel E. Abella	9848 SW 110 St.	Miami, FL 33176

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 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]* **Manuel E. Abella** Date **4/3/00** Daytime Phone # **(305) 2216161**

**KE**

CR2E081 (9/99)