## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V19628  1. Entity Name DR. ANIBAL CASTRO, P.A.				FILED	
				07 FEB 19 RM 3: 29	
Principal Place of Business 9100 CORAL WAY		Mailing Address 9100 CORAL WAY		SECRETARY OF STATE TALEAHASSEE, FLORIDA	
STE 9 MIAMI, FL 33165 US		STE 9 MIAMI, FL 33165 US		I (DOM CHADI MAKA INKA DIKIN BIDIN KIDU KAN DIDIN DIDIN DIDIN DIDIN BIDIN DIDINBIRI KI KIDI.	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		°2R°EINSTAFFE°MENN	
City & State		City & State		4. FEI Number Applied For 65-0341948 Not Applicable	
Zip	Country	Zip	Country	Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent	N	7. Name and Address of New Registered Agent	
CASTRO, ANIBAL DR. 9100 CORAL WAY			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
STÉ 9 MIAMI, FL					
,, , 2 55155			City	FL Zip Code	
		or the purpose of changing its	registered office or reg	stered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat _IGNATURE	ions of registered agent.				
	Signature, typed or printed name of registered agen	t and title if applicable. {NOTE	E: Registered Agent signature :	equired when reinstating) DATE	
FII	LE NOWIII FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ITLE HAME STREET ADDRESS	D CASTRO, ANIBAL, DR. 9100 CORAL WAY- STE 165	☐ Delete	TITLE NAME STREET ADDRESS	□ Change □ Addition 400088982294 02/22/0701001017 **300.00	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TTLE HAME		☐ Delete	. TITLE : NAMÉ	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME Street Address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
name Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP		
indicated of the cor	on this report or supplemental report	is true and accurate and that no powered to execute this report	ny signature shall have as required by Chapter	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT	URE:	THE NAME OF SIGNING OFFICER	An ibal	Castro 23 07 Date Dayure Phone 4	
	<del></del>			65 BANASAN FED 1 () 2007	