

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 28 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V30675

**1. Corporation Name**

ANTONIO L. PEREZ-NOY, M.D., P.A.

6262 BIRD RD

**2. Principal Office Address**

6262 BIRD RD

Suite, Apt. #, etc.

SUITE 21

City & State

MIAMI, FLORIDA

Zip

33155

Country

**3. Mailing Office Address**

780 NW 42 Ave

Suite, Apt. #, etc.

# 516

City & State

Miami FL

Zip

33126

Country

REINSTATEMENT 04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4-20-92

**5. FEI Number**  
65-0342804

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

ANTONIO L. PEREZ-NOY

Street Address (P.O. Box Number is Not Acceptable)  
6262 BIRD RD.

Suite, Apt. #, Etc.  
STE 21

City  
MIAMI

State  
FL

Zip Code  
33155

**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

X

REGISTERED AGENT MUST SIGN

Date

10/21/04

**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
D	PEREZ-NOY, ANTONIO L.	6262 BIRD RD. STE 21	MIAMI, FL 33155

**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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04

Date

305-443-7122

Daytime Phone #

CR2081 (01/04)

**VARGAS, PIEDRA & CO.**  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516  
LE JEUNE CENTRE  
780 N.W. LE JEUNE ROAD  
MIAMI, FLORIDA 33126  
TELEPHONE  
(305) 443-7122

**October 21, 2004**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**RE: ANTONIO L. PEREZ-NOY M.D. P.A.  
EIN NO. 65-0342804**

Enclosed you shall find a check in the amount of \$158.75 for the reinstatement of the above mentioned company. Please note that my client never received the annual report notice. We have updated all of the addresses on the form. We ask that you please abate the penalties and activate corporation mentioned above.

If you should have any questions please call at (305) 443-7122.

Thank you for your cooperation.

Sincerely,

**Aurelio A. Piedra, CPA**