

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

V45849

1. Corporation Name

Roberto de J. Fernandez, M.D., P.A.

2. Principal Office Address

8260 W. Flagler St.

Suite, Apt. #, etc.

Ste. 1-C

City & State

Miami, Florida

Zip

33144

Country

USA

3. Mailing Office Address

8260 W. Flagler St.

Suite, Apt. #, etc.

Suite 1-C

City & State

Miami, Florida

Zip

33144

Country

USA

REINSTATEMENT

90

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0345923

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

Roberto de J. Fernandez

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

8260 W. Flagler Street

Suite, Apt. #, Etc.

Suite 1-C

City

Miami

State

FL

Zip Code

33144

400003480384-7
-11/30/00-01014-014
****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date

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/S	Roberto de J.-Fernandez	8260 W. Flagler St. #1-C	Miami, FL 33144

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:

Roberto de J. Fernandez

Roberto de J. Fernandez

(305) 226-0056

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)