

Pajerok

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

04 MAY -6 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V45849**

**1. Corporation Name**

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

**2. Principal Office Address**

1790 W 49th Street

Suite, Apt. #, etc.

Suite 109

City & State

Hialeah, FL

Zip

33012

Country

**3. Mailing Office Address**

1790 W 49th Street

Suite, Apt. #, etc.

Suite 109

City & State

Hialeah, FL

Zip

33012

Country

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

6/23/1992

**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 Fernandez

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

1790 W 49th Street Suite 109

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

**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

5/3/04

**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	Roberto D Fernandez	1790 W 49th Street Suite 109	Hialeah FL 33012

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberto Fernandez 5/3/04

CR2E081 (9/01)

**STEPHEN M. ZALKA**

CERTIFIED PUBLIC ACCOUNTANT  
A PROFESSIONAL ASSOCIATION

BROWARD  
7667 WEST SAMPLE ROAD  
SUITE 280  
CORAL SPRINGS, FLORIDA 33065

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FAX: (954) 346-7786  
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*Page 2*  
DADE  
90 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

REPLY ONLY TO:  
BROWARD OFFICE

May 3, 2004

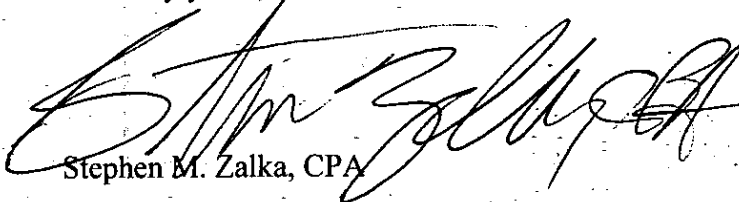
Division of Corporations  
Uniforms Business Report Filings  
PO Box 6327  
Tallahassee, FL 32314

Re: Roberto De J. Fernandez, M.D., P.A.  
V45849

Dear Mr. Toner:

The mailing office address is incorrect; the correct address is 1790 W 49<sup>th</sup> Street Ste 109, Hialeah, FL 33012. The taxpayer never received the Annual Report filing for 2003 & 2004, please except these two checks for the years in question as a timely filing. Thank you for your cooperation.

Sincerely yours,



Stephen M. Zalka, CPA