

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1092

FILED

03 OCT 14 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48209**

1. Corporation Name

JORGE M. GUTIERREZ D.D.S., P.A.

Principal Place of Business:

3822 W. 16 AVE.
HIALEAH FL 33012

Mailing Address:

3822 W. 16 AVE.
HIALEAH FL 33012



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/07/1992	
City & State		City & State		5. FEI Number	
				65-0343195	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	GUTIERREZ, JORGE M.	3822 W. 16 AVE.	HIALEAH FL

REINSTATEMENT

900023772099
10/14/03 01015 027 \$150.00

8. Name and Address of Current Registered Agent

GUTIERREZ, JORGE M.
3822 W. 16 AVE.
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date 10-8-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of the corporation 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

10-8-03 (305) 362-5559
Date Daytime Phone #

CR25940 (7-03)

20f2

JORGE M. GUTIERREZ, DDS, PA
3822 West 16 Avenue
Hialeah, Florida 33012

October 8, 2003

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

**Re: Application for Reinstatement
Document # - V48209**

To whom it may concern,

Enclosed please find my check for \$150. I never received the 2003 Uniform Business Report. I have been in business since 1992 and have never filed a late UBR. Please take this into consideration and accept my check in order to have my corporation reinstated.

My address has been the same since inception. In the past I never had a problem receiving any correspondence from your agency. Please check your records to verify my mailing address coincides with the above stated.

Your help is greatly appreciated.

Sincerely,

Jorge M. Gutierrez, President

JORGE M GUTIERREZ D. D. S, PA
3822 W 16 AVE
HIALEAH, FL 33012

3263

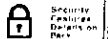
DATE 10/8/03

63-841/670
BRANCH 6225F

Pay to the order of Department of State
One hundred fifty ^{00/100} 00/100
UNION PLANTERS BANK

\$ 150.00

DOLLARS



FOR V48209

⑈003263⑈ ⑆067008414⑆ ⑈9660298226⑈