

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 NOV 30 AM 8:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V49589

1. Corporation Name
JOSE M. MARRERO, M.D., P.A.

Principal Place of Business 7501 NW 4TH STREET STE #202 PLANTATION FL 33317 US	Mailing Address 14301 SW 29TH CT. DAVIE FL 33330 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	Country	Country
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4. Date Incorporated or Qualified To Do Business in Florida 07/10/1992	
5. FEI Number 65-0346573	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MARRERO, JOSE M.	14301 SW 29TH CT.	DAVIE FL 33330
			700002702417--5 -12/04/98--01076--013 ***758.75 ***758.75
			REINSTATEMENT 98 32 12-4-98

8. Name and Address of Current Registered Agent

MARRERO, JOSE M.
 14301 SW 29TH CT.
 DAVIE FL 33330

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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.

Signature of Registered Agent: *Jose M. Marrero* **FILED** Date: 11.24.98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *Jose M. Marrero* **FILED** 11.24.98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954) 584 6044

CR2E040 (09/98)