

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1998 APR 15 PM 1:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V54317**

1. Corporation Name
JORGE ALVAREZ, M.D., P.A.

Principal Place of Business
**8500 WEST FLAGLER ST., SUITE A-106
 MIAMI FL 33144-2037**

Mailing Address
**8500 WEST FLAGLER ST., SUITE A-106
 MIAMI FL 33144-2037**



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.		07/30/1992	
City & State		City & State		5. FEI Number 65-0347962	
Zip		Zip		Applied For	
Country		Country		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
DP	ALVAREZ, JORGE	12731 SW 43RD DR	MIAMI FL 33175
			000002492910--1 -04/20/98--01005--009 ****308.75 ****916.75
			REINSTATEMENT 97-98 762/108 W/5/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALVAREZ, JORGE M.D. 8500 W FLAGLER ST SUITE A-106 MIAMI FL 33144-2037		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.
 Signature of Registered Agent: *[Signature]* Date: *April 10/98*
 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)(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]* Date: *April 10/98* Daytime Phone #: *(305) 554-5762*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/87)