

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -2 PM 12: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V73283**

**1. Corporation Name**

**Florida Pain Treatment Center, Inc.**

**2. Principal Office Address**

**8396 S.W. 8 street**

Suite, Apt. #, etc.

**Second Floor**

City & State

**Miami, FL**

Zip

**33144**

Country

**U.S.A.**

**3. Mailing Office Address**

**8396 S.W. 8 street**

Suite, Apt. #, etc.

**Second Floor**

City & State

**Miami, FL**

Zip

**33144**

Country

**U.S.A.**

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

**5. FEI Number**

**59-3301294**

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

**Carl Colbert**

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

**3001 Ponce de Leon Blvd**

Suite, Apt. #, Etc.

**ste 211**

City

**Coral Gables**

**03-30-04 01021 025 \$150.00**

**805-1500-1000-1000**

**805-1500-1000-1000**

**805-1500-1000-1000**

**805-1500-1000-1000**

**900059266898**

**05-02-05 01015-001 \*\*000.00**

**FL 33134**

**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

**Carl Colbert**

Date **8/22/05**

REGISTERED AGENT MUST SIGN

**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	Ruben Gonzalez, MD	6195 SW 97 Ave	Miami, FL 33173
CO	Sally Gonzalez	6195 SW 97 Ave	Miami, FL 33173

**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:

**Sally Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/22/05**

Date

Daytime Phone #



COLBERT • BOUE • AND • JUNCADILLA, P.A.

Certified Public Accountants

August 3, 2005

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

RE: Florida Pain Treatment Center, Inc.  
EIN 59-3301294  
Doc # V73283  
Corporate Reinstatement

Dear Representative:


This letter is regarding the above named taxpayer's corporate reinstatement, Corporate reinstatement form enclosed. Please note that the taxpayer address changed in the year 2003. He moved from the first floor to the second floor on the same building. Do to this change in address he never received any of the annual reports for 2003, 2004 or 2005. Please note that we spoke to a representative from the Division of Corporations and they show a payment in the amount of \$150.00 received during the year 2004 which has not been applied yet.

We respectfully request you apply the \$150.00 which you received during the year 2004 to the year 2003 and abate the late filing penalty based on the above stated facts. We have enclosed a check in the amount of \$300.00 as payment for the years 2004 and 2005.

If you have any questions, please call us.

Very truly yours,

COLBERT, BOUE AND JUNCADILLA, P.A.

  
Carl E. Colbert, C.P.A.

Encl.

cc: Florida Pain Treatment Center, Inc.

DEAR REP NEGOTIATING  
PURSUANT TO MY CONVERSATION  
WITH YOUR OFFICE TODAY YOU INDICATED THAT  
YOU APPROVED THE PENALTY WAIVER. HOWEVER YOU  
NEEDED THE FORM WITH TWO SIGNATURES.  
ATTACHED IS THE REP STATEMENT FORM  
SIGNED BY REGISTERED AGENT ADG  
DIRECTION RUBEN GONZALEZ.  
THANK YOU  
AL