

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000046316

1. Corporation Name

Anesthesia Clinical & Educational Services, P.A.

2. Principal Office Address - No P.O. Box #  
36332 Cypress Glen

Suite, Apt. #, etc.

City & State  
Prairieville

Zip  
70769

Country  
USA

3. Mailing Office Address  
36332 Cypress Glen

Suite, Apt. #, etc.

City & State  
Prairieville

Zip  
70769

Country  
USA

**REINSTATEMENT**

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified  
To Do Business in Florida 4/25/03

5. FEI Number

20-0004008

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  
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22 Street, 4th

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33145

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 BY:

Natalia Utrera, Vice President

Date

8/21/07

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
President	Idena Perez	36332 Cypress Glen	Prairieville, LA 70769
Vice President	Ernesto Perez	376 Steeplechase Lane	Palm Harbor, FL
Secretary	Ernesto Perez	376 Steeplechase Lane	Palm Harbor, FL
Treasurer	Idena Perez	36332 Cypress Glen	Prairieville, LA 70769

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 contained in Chapter 119, 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:

*Idena Canell Perez*

Idena Perez

8/16/07

225-803-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #