

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -8 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048354

1. Corporation Name

ALDANA MEDICAL SERVICES, P.A.

4450.00

2. Principal Office Address

PO BOX 940716

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 940716

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33194

Country

USA

Zip

33194

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/09/2001

5. FEI Number

65-1099875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *02.04*

7. Name and Address of Current Registered Agent

Name

LUIS F. ALDANA

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

16352 SW 43 TERRACE

300038245283

06/24/04--01025--004 **250.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

Date 06-07-2004

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
PD	LUIS F. ALDANA	PO BOX 940716	MIAMI, FL 33194

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:

06-07-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR28281 (01/04)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY,



LUIS F. ALDANA
PRESIDENT