

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 23 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/02/08--01046--016 \*\*750.00

DOCUMENT # P03000108141

1. Corporation Name  
NEW FAITH MEDICAL CENTER INC.

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box # 1051 East 32nd Street Suite, Apt. #, etc.		3. Mailing Office Address 1051 East 32nd Street Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33013	Country	Zip 33013	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/02/2003

5. FEI Number 43-2028528 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  IS TO APPLY TO THE STATES (REGISTRATION OF STATES)

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name  
MARIO LUIS ENRIQUEZ

Street Address (P.O. Box Number is NOT Acceptable)  
1051 East 32nd Street

Suite, Apt. #, Etc.

City Hialeah State FL Zip Code 33013

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 607.0606 or 617.0503, F.S.

Signature of Registered Agent Mario Luis Enriquez Date 17-9-08

Mario Luis Enriquez 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	Enriquez, Mario Luis	1051 East 32nd Street	Hialeah, Florida 33013

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: Mario Luis Enriquez Date 9-17-08 786 Daytime Phone # 412-0436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23