

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 3:01

DOCUMENT # P95000064404

1. Corporation Name

ABACOA MEDICAL CORP.

2. Principal Office Address

1335 W. Indiantown Rd.

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

USA

3. Mailing Office Address

530 Ibis Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33444

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/1995

5. FEI Number

65-0605611

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

Michael S. Singer, Esq.

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

3801 PGA Boulevard

Suite, Apt. #, Etc.

Suite 802

City

Palm Beach Gardens

State
FL

Zip Code
33410

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

REGISTERED AGENT MUST SIGN

Date

12/18/01

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	Kenneth Lee, M.D.	530 Ibis Drive	Delray Bch, FL 33444
ST	Daniel D. Goebel,	530 Ibis Drive	Delray Bch., FL 33444
DV	Donald Tanabe, M.D.	530 Ibis Drive	Delray Bch, FL 33444
DV	Michael Zappa, M.D.	530 Ibis Drive	Delray Bch., FL 33444
DV	Steve Haston, M.D.	530 Ibis Drive	Delray Bch., FL 33444
			AR 1/9/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/01

Daytime Phone #

561 439-1491

CR2001 (9/00)



COMITER & SINGER, LLP

ATTORNEYS AT LAW

RICHARD B. COMITER
MARK DEDICK
LISA Z. HAUSER
MICHAEL S. SINGER
OF COUNSEL
BARRY A. NELSON

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PALM BEACH OFFICE
THE WORTH AVENUE BUILDING
205 WORTH AVENUE
SUITE 310
PALM BEACH, FL 33480
PLEASE REPLY TO:
PALM BEACH GARDENS

December 28, 2001

Department of State
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Abacoa Medical Corp.

Dear Sir or Madam:

Please be advised that our client received a Notice of Dissolution for the above-referenced corporation. This is the first mail they received from your office. They never received any annual report or any notices that this corporation was being dissolved. My client still receives mail at the address listed for the corporation and they did not receive anything from you except the Notice of Dissolutions.

Pursuant to instructions from your office, I have enclosed a check in the amount of \$150.00 representing the filing fees for the corporate annual report. Please reinstate this corporation at your earliest convenience. Thank you.

Very truly yours,

Michael S. Singer, Esq.

Enclosures as Stated