

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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03/19/07--01032--024 **1050.00

REINSTATEMENT

05-07

CORPORATION REINSTATEMENT



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

DOCUMENT # PA60000006142

1. Corporation Name
Armando A. Garcia MD, PA
475 Biltmore Way, Ste. 205
Coral Gables, FL 33134

2. Principal Office Address
475 Biltmore Way
St. Apt. #, etc. # 205

3. Mailing Office Address
475 Biltmore Way
Suite, Apt. #, etc. # 205

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number
65-0635578

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
Armando Garcia

Street Address (P.O. Box Number is Not Acceptable)
475 Biltmore Way, Ste 205

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
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
Date 3/12/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARMANDO GARCIA	475 Biltmore Way	Coral Gables, FL 33134

K. Eckel MAR 13 2007

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)(f), 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: *Armando Garcia MD* Date 3/12/07 Daytime Phone # 314446087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZED01 (3/00)