

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
01 JUL -2 AM 10:49

DOCUMENT # 999000005712

1. Corporation Name
REIMON PEDIATRICS, P.A.

2. Principal Office Address 9360 S.W. 72 Street		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 225		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33173	Country U.S.A.	Zip	Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 7/26/99

5. FEI Number 65-0937974 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 Manuel Garcia-Linares, Esq.

Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard

Suite, Apt. #, Etc. 10th Floor

City Miami State FL Zip Code 33131

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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 [Signature] Date 2/23/01
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
D/P/S/T	Pedro C. Reimon, M.D.	9360 S.W. 72 St., Suite 225	Miami, FL 33173

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] PEDRO C. REIMON MD Date 5/7/01 Daytime Phone # (305) 273-0508

CR2E081 (9/00)