
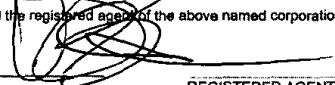
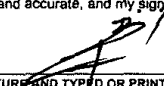


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 19 PH 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # N99000006526</b>					
1. Corporation Name WESTON MEDICAL AND PROFESSIONAL CAMPUS MASTER ASSOCIATION, INC.					
2. Principal Office Address 2500 WESTON RD., Suite, Apt. #, etc. SUITE 105 City & State WESTON, FL Zip 33331 Country USA		3. Mailing Office Address 2500 WESTON RD. Suite, Apt. #, etc. SUITE 105 City & State WESTON, FL Zip 33331 Country USA		<b>REINSTATEMENT 00-01</b>	
		4. Date Incorporated or Qualified To Do Business in Florida 11/3/99		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name LEGAL INFORMATION SERVICES, INC.					
Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD, SUITE 300					
Suite, Apt. #, Etc. SUITE 300					
City WESTON		State FL		Zip Code 33326	
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 9/18/01	
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		
D	DOUGLAS BRICANO	2500 WESTON RD. SUITE 105 WESTON, FL 33331	WESTON, FL 33331		
D	ROBERT GALLAGHER	2895 MEADOWOOD DR.	WESTON, FL 33332		
D	ALVARO CORREA	2201 N. COMMERCIAL PRIN	WESTON FL 33331		
D	ORLANDO GONZALEZ	11786 SW 90TH TERRACE	MIAMI, FL 33186		
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: 		DOUGLAS BRICANO		Date 9/18/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

CR2E061 (9/00)