PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 MAY 17 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000100643**

1. Corporation Name

SPORTMED OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
225 MALAGA AVENUE CORAL GABLES FL 33134	225 MALAGA AVENUE CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1103
City & State	City & State Miami, FL
Zip / Country	Zip 33129 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/2000

5. FEI Number: 65-1064393 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P/S	Vergara, Hernando M.	2475 Brickell Ave. #1103	Miami, Florida 33129

600005979346--7
-06/25/02--01070--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SOLOMIANY, ALEX ESQ. 1001 BRICKELL BAY DR., STE. 1704 MIAMI FL 33131	Name: SOLOMIANY, Alex, Esq. Street Address (P.O. Box Number is Not Acceptable): 80 S.W. 8th Street Suite, Apt. #, Etc.: Suite 2157 City: Miami State: FL Zip Code: 33130

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 4/8/2002
Alex Solomiany REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 4/9/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #