PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	15-4	200						1				
CONFORMION					DEPARTMENT OF STATE Secretary of State				FILE 06 MAY 12		. 7	
REINSTATEMENT					DIVISION OF CORPORATIONS			00 100 12 111 12 01				
			TOO NE THE				<u>-</u>		SECKETALY MALLAHASSE	O GIAT	- - 	
DOCUMENT # 732592 1. Corporation Name								, ,	ALEMINOSE:	t, et Unij	1/2	
LIGA CONTRA EL CANCER, INC.												
								700075548387				
2. Principal	ss		3. Mailing C	Office Address			05/31/0601010026 ***358.75					
					S.W. 12th Avenue			CR2E081 (12/05)				
Suite, Apt. #, etc. Suite, Apt. #,					etc.			4 200				
									orated or Qualified ness in Florida	4/28/7	5	
Minmi III and 2				City & State Miami, Florida			5. FEI Numbe			Applied For		
Zip		Country		Zip		Country	/	59–1629554 6. — 6		60.75	Not Applicable	
33129		Miam	i-Dade	33129		Miam	ui-Dade		OF STATUS DESIRED		ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent												
	Name INTRASTATE REGISTERED AGENT CORPORATION											
	Street Address (P.O. Box Number is Not Acceptable)											
	701 BRICKELL AVENUE Suite, Apt. #, Etc.								12	<u> </u>	<i>!-)</i>	
	SUITE #3000							B. Constant	State Zip Cod		1)6	
	MIAMI								FL 3313		₩	
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. INTRASTATE /REGISTERED ACENT CORPORATION												
Signature of Registered Agent									Date 5 - 8 - 06			
		ORGE	L. HERNAR	DETER TON	ENDMUST.	RES _{II}	ENT					
9. Names	and Street A	ddresses	of Each Officer and	or Director (Flo	orida nonpro	fit corpora	ations must list at le	east 3 directors)	·			
Titles	V Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
P ;	LUIS VILLA, M.D.				200 CAUSARINA CONCOURSE			URSE	CORAL GABLES, FL 33143			
V	ADRIANA CORA				6051 S.W. 47TH STREET			ET	MIAMI, FL 33155			
V	MAYRA PINA				6644 S.W. 95TH COURT			MIAMI, FL 33173				
V	HILDA MARIA MENA BLANCH				7945 S.W. 79TH TERRACE			ACE	MIAMI, FL 33143			
V :	ELISEO FERRER				11906 S.W. 59TH COURT			RT	COOPER CITY, FL 33330			
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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under oath.												
SIGNATURE: (305) 856-4914 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D												