

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **603652**
 1. Corporation Name
DE LA PEDRAJA RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4776 S W 8TH ST. CORAL GABLES FL 33134	4776 S W 8TH ST. CORAL GABLES FL 33134

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
 99 OCT 19 PM 3:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida	07/21/1972
5. FEI Number	59-1422427
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
P	DE LA PEDRAJA, OSVALDO	9300 S.W. 20 ST.	MIAMI FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DE LA PEDRAJA, OSVALDO 4776 S.W. 8TH STREET CORAL GABLES FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: De la Pedraja Osvaldo Date: 10/13/99 (305) 447-1415

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: De la Pedraja Osvaldo Date: 10/13/99 (305) 447-1415

CR20540 (8/99)