

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 AUG 14 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 641915 (4)

1. Corporation Name

JOSE A SOLER-BAILLO M.D., P.A.

2. Principal Office Address

777 E 25 ST.

Suite, Apt. #, etc.

304

City & State

HIALEAH FL

Zip

33013

Country

DADE

3. Mailing Office Address

9445 BIRD ROAD

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33165

Country

DADE

REINSTATEMENT

92-60

4. Date Incorporated or Qualified To Do Business in Florida

10/24/79

5. FEI Number

59-1949394

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

JOSE A SOLER-BAILLO M.D.

Street Address (P.O. Box Number is Not Acceptable)

12911 AURALIA

Suite, Apt. #, Etc.

City

KEYSTONE POINT - NORTH MIAMI

State

FL

Zip Code

33181

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08/30/00 01063 011
***1958.75 ***1958.75

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

8/10/2000

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
P/D	SOLER-BAILLO JOSE A	12911 AURALIA	KEYSTONE POINT - NORTH MIAMI 33181 FLORIDA

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:

JOSE A. SOLER-BAILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/10/2000

(305) 899-1793

Daytime Phone #

KE

CR2E081 (9/99)