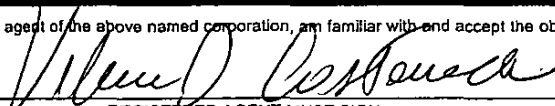


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 650046			
1. Corporation Name EMILIO CASTANEDA, M.D., P.A.			
2. Principal Office Address 1811 NW 123 AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 1811 NW 123 AVENUE Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FLORIDA		City & State PEMBROKE PINES, FLORIDA	
Zip 33026	Country UNITED STATES	Zip 33026	Country UNITED STATES
4. Date incorporated or Qualified To Do Business in Florida 01/01/1980		5. FEI Number 59-1978163	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
200062203292 12/15/05--01048--013 **1200.00 REINSTATEMENT CR2E081.0/05 04-08			
7. Name and Address of Current Registered Agent			
Name VILMA I. CASTANEDA			
Street Address (P.O. Box Number is Not Acceptable) 1811 NW 123 AVENUE			
Suite, Apt. #, Etc.			
City PEMBROKE PINES, FLORIDA		State FL	Zip Code 33026
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 		Date 12-13-05	
REGISTERED AGENT MUST SIGN			
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
DP	EMILIO E. CASTANEDA	1811 NW 123 AVENUE	PEMBROKE PINES, FL 33026
VTs	VILMA I. CASTANEDA	1811 NW 123 AVENUE	PEMBROKE PINES, FL 33026
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: 		Date 12/14/05 954442 8962	
SURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	