PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 12 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/31/06--01010--026 **358.75

CR2E081 (12/05)

1. Corporation Name

LIGA CONTRA EL CANCER, INC.

2. Principal Office Address	**3.** Mailing Office Address
2180 S.W. 12th Avenue	2180 S.W. 12th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33129 Country: Miami-Dade	Zip: 33129 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 4/28/75

5. FEI Number: 59-1629554 ☐ 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: INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE #3000

City: MIAMI State: FL Zip Code: 33131

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: INTRASTATE REGISTERED AGENT CORPORATION Date: 5-8-06

BY: JORGE L. HERNANDEZ-TORRO, PRESIDENT
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
P	LUIS VILLA, M.D.	200 CAUSARINA CONCOURSE	CORAL GABLES, FL 33143
V	ADRIANA CORA	6051 S.W. 47TH STREET	MIAMI, FL 33155
V	MAYRA PINA	6644 S.W. 95TH COURT	MIAMI, FL 33173
V	HILDA MARIA MENA BLANCH	7945 S.W. 79TH TERRACE	MIAMI, FL 33143
V	ELISEO FERRER	11906 S.W. 59TH COURT	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 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 contained in Chapter 119, 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: Adriana Cora (305) 856-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADRIANA CORA, VICE PRESIDENT