


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
02 MAR 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747921

1. Corporation Name

MEDICAL EDUCATION FOUNDATION OF MIAMI INC

900005183529--7
-04/02/02--01054--027
****367.50 ****367.50

2. Principal Office Address 285 W ENID DRIVE Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State KEY BISCAYNE FL		City & State	
Zip 33149	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/29/1979	
5. FEI Number 59-1932923	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOHN P. CHRISTIE, M.D.		
Street Address (P.O. Box Number is Not Acceptable) 285 W. ENID DRIVE		
Suite, Apt. #, Etc.		
City KEY BISCAYNE	State FL	Zip Code 33149

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

JP Christie MD
REGISTERED AGENT MUST SIGN

Date

13-8-02

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	JOHN P CHRISTIE M.D.	285 W ENID DRIVE	KEY BISCAYNE FL 33149
SD	SUSAN CHRISTIE	285 W ENID DRIVE	KEY BISCAYNE FL 33149
TD	HOWARD AMDUR CPA	11420 N KENDALL DR #202	MIAMI FL 33176

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:

JP Christie MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13-8-02

Daytime Phone #

CR2E081 (9/01)