

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                      |                                                                                                                                                                                                |                                                                                                 |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>APPLICATION FOR REINSTATEMENT</b> |  <p>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</p> | <p><b>FILED</b></p> <p>97 APR 25 AM 8:48</p> <p>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</p> |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

**DOCUMENT #** F291609

1. Corporation Name  
**LEONIDAS AHUMADA, M.D., P.A.**

REINSTATEMENT 95-97

|                                                                                          |                                                                 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>2601 SW 37 AVE.<br/>Suite 903<br/>MIAMI, FLA 33133</b> | Mailing Address<br><b>13245 S.W 86 TERR<br/>MIAMI, FL 33183</b> |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

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

|                                                                                                           |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country | 3. New Mailing Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                      |                                                       |
|----------------------------------------------------------------------|-------------------------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida          | Applied For<br><input type="checkbox"/>               |
| 5. FEI Number<br><b>59-2092575</b>                                   | Not Applicable<br><input checked="" type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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      | 2                                 | 3                                                                                   | 4                  |
|--------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------|
| T/P(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| P/S    | LEONIDAS AHUMADA                  | 13245 SW 86 TERR                                                                    | MIAMI FLA 33183    |
|        |                                   |                                                                                     |                    |
|        |                                   |                                                                                     |                    |
|        |                                   |                                                                                     |                    |
|        |                                   |                                                                                     |                    |

200002164532--8  
-05/02/97--01137--014  
\*\*\*1088.75 \*\*\*1088.75

8. Name and Address of Current Registered Agent

**LEONIDAS AHUMADA M.D.  
2601 SW 37 AVE  
MIAMI FLA 33133**

9. Name and Address of New Registered Agent

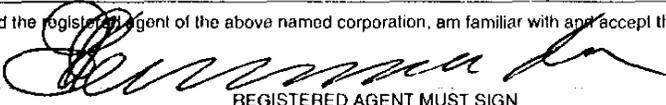
Name: **N/A**

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

Suite, Apt. #, Etc.:

City:      State: **FL**      Zip Code:

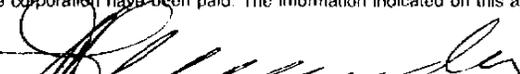
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:       Date: **11/21/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes     No     (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **11/21/96**

CR2E040 (12/95)