PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 12 PM 3:37

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CR2E081 (11/10)

DOCUMENT # F96000006550

1. Corporation Name
SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2080 SW 59 AVENUE	2080 SW 59 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33317 Country: USA	Zip: 33317 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/16/1996

5. FEI Number: 95-4419511 ☐ 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: FRANCISCO A. MEDINA

Street Address (P.O. Box Number is Not Acceptable): 2080 SW 59 AVENUE

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33317

REINSTATEMENT 04-12

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: F. Medina
REGISTERED AGENT MUST SIGN

Date: June 6, 2012

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	HERMANN MENDEZ	22 WEST 90 STREET	NEW YORK, NY 10024
S	CARLOS ALVAREZ	7020 MINDELLO STREET	CORAL GABLES, FL 33149
T	FRANCISCO A. MEDINA	2080 SW 59 AVENUE	PLANTATION, FL 33317
VP	RAMON QUESADA	10001 W SUBURBAN DR	MIAMI, FL 33156

10. E-mail Address: SAMS-CEO@COMCAST.NET
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: F. Medina Francisco A. Medina June 6, 2012 9545899985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUN 12 2012