

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 12 PM 3:37

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06/12/12--01017--002 **726.25

CR2R081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006550

1. Corporation Name

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

2. Principal Office Address - No P.O. Box #

2080 SW 59 AVENUE

3. Mailing Office Address

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

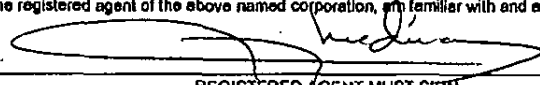
Zip Code

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



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:

 Francisco A. Medina, June 6, 2012 954583998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUN 12 2012

CLERK