

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 23 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 43297

1. Corporation Name

Jordan & Prieto, P.A.

2. Principal Office Address

4302 W. Broward Blvd
Suite, Apt. #, etc.
Suite 200

3. Mailing Office Address

4302 W. Broward Blvd
Suite, Apt. #, etc.
Suite 200

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/1983

5. FEI Number

592 33 42 90

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

Joseph M. Ryan, P.A.

600005452006-3

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

531 East Commercial Blvd.

~~05/06/02 01017 013~~

~~***1200.00 ***1200.00~~

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33334

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

4/11/02

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
<u>P/D/S/T</u>	<u>Octavio E. Prieto, M.D.</u>	<u>4302 W. Broward Blvd, Ste 200</u>	<u>Plantation, FL 33317</u>

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:

Octavio E. Prieto, M.D. 4/11/02 (954) 583-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)