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DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED

98 MAR -9 PM 2:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries: Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # G64593 Jorge E. Hidalgo, M.D., P.A. 161 Almeria Avenue, #100 Coral Gables, FL 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address 2310 South Dixie Highway

Address

City and State Coconut Grove, FL

Zip Code 33133

REINSTATEMENT 97-98 ad

3. Date Incorporated or Qualified To Do Business in Florida 10/12/83

4. FEI Number 59-2331761

FEI Number Applied For

5 \$8.75 Additional Fee required for a Certificate of Status

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City and State. Includes entry for Jorge E. Hidalgo, M.D. at 2310 South Dixie Highway, Coconut Grove, FL 33133.

700002452697-5 -03/10/98--01080--006 ***900.00 ***900.00

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name Mark A. Coel, Esq. Street Address (Do NOT Use P.O. Box Number) 4000 Hollywood Boulevard, Suite 350 North City and State Hollywood FL Zip 33021

7. Name and Address of Current Registered Agent

Joel R. Lavender 2300 E. Las Olas Boulevard Suite 400 Fort Lauderdale, FL 33301

9. 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

REGISTERED AGENT MUST SIGN

Date

03/05/98

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

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

12. 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 of Officer or Director

Date

MAREN 4, 1998 Daytime Phone (305) 860-0717

Typed or printed name of signing officer or director