

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

98 MAR 19 AM 11:24

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 # J45412**

**ROLANDO SANCHEZ-MEDINA, M.D., INC.**  
 10220 S.W. 88th Street  
 Miami, Florida 33176

**REINSTATEMENT**

*98*  
*AD*

2. If Address in Block 1 is not the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
**12/2/86**

5. FEI Number  
**59-2809753**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Rolando Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176
S	Gisela Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176

800002464108--8  
 -03/20/98--01115--020  
 \*\*\*\*300.00 \*\*\*\*900.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**Roland J. Sanchez-Medina**  
 10220 S.W. 88th Avenue  
 Miami, FL 33176

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL.

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 *Rolando Sanchez-Medina*

REGISTERED AGENT MUST SIGN

Date *Mar 12, 1998*

11. 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.)

12. 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.)

13. 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 *Rolando Sanchez-Medina*

Date *Mar 12, 1998* Daytime Phone # *(305) 649-2133*

Rolando Sanchez-Medina, President

CR2E040 (8/92)