

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR 25 PM 12:41

SPECIAL SERVICE STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J62424

1. Corporation Name
MARTINEZ, RAMIREZ AND FERRARA, M.D., P.A.

Principal Place of Business	Mailing Address
18590 N.W. 67th AVE. #203 Miami, Florida 33015	18590 N.W. 67th AVE. #203 Miami, Florida 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		3/18/87	
City & State		City & State		5. FEI Number	
				59-2781563	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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	Miguel E. Martinez, M.D.	18590 N.W. 67th Avenue #203	Miami, Florida 33015
VP/S/D	Ignacio Ramirez, M.D.	18590 N.W. 67th Avenue #203	Miami, Florida 33015
S/D	Hugo Ferrara, M.D.	18590 N.W. 67th Avenue #203	Miami, Florida 33015
REINSTATEMENT 97-98			
4c 3-25-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIGUEL E. MARTINEZ 18590 N.W. 67th AVENUE #203 MIAMI, FLORIDA 33015		Name N/A Street Address (P.O. Box Number is Not Acceptable) 400002469824-9 Suite, Apt. #, Etc. -03/26/98 --01107--007 City ***SIOO State #999900.00 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 *Miguel E. Martinez* REGISTERED AGENT MUST SIGN Date 3/17/98

11. 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.)

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., 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: *Miguel E. Martinez* Miguel E. Martinez, MD 3/17/98 (305) 822-3044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)