PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPART ME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE ortham State	FILED
DOCUMENT # 772/32			97 JUN -2 AM 5: 19
Mabel Hernandez, M.D., P.A.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1737 W. University Tamarac, Florida			
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			Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 1987
City & State	City & State		59-2788527 Not Applicable
Zip Country	Zip Count	гу	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at lea	st 3 directors)
Title(s) and/or Directors Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4			
8. Name and Address of Current R		REINSTA	4D1. \$108 Tomarac, \$1 33321 200002203222003 -06/05/37-01102-003 ****1583.75 ***1583.75 ATEMENT 92-97 #8 6-4-97
Mabel Hernandez, M.D. 1737 N. University Dr. # 108		Name Street Address (P.	9. Name and Address of New Registered Agent O. Box Number is Not Acceptable)
Tamarac, F1 33321		Suite, Apt. #, Etc.	State Zip Code
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 REG	SISTERED ACENT MUST SIGN		Date
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 filling 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: SIGNATURE AND TYPED OR PRINT	TEO NAME OF SIGNING OFFICER OR E	DIRECTOR	(954) 130-3800 Daytime Phone #

- All Andrews Andrew