

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 OCT 25 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89633

1. Corporation Name

C.N.C. Medical Corp.

2. Principal Office Address

1393 S.W. 1st Avenue

3. Mailing Office Address

P.O. Box 8927

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33135

Country

U.S.A.

Zip

33255-8927

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1989

5. FEI Number

650120692

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

Carlos S. Contreras, M.D.

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

15553 S.W. 39th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33185

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

10/23/02

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
P	Carlos S. Contreras	15553 S.W. 39th Street	Miami, Florida 33185
D	Natacha T. Contreras	15553 S.W. 39th Street	Miami, Florida 33185

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 786.512-7772

CR2E081 (9/01)