PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -3 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91444

1. Corporation Name
ANABELLE MALDONADO-MEDINA, MD PA

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
1190 NW 95TH STREET	1190 NW 95TH STREET
Suite, Apt. #, etc.: SUITE 204	Suite, Apt. #, etc.: SUITE 204
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33150 Country: USA	Zip: 33150 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/30/89

5. FEI Number: 65-0123120 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ANABELLE MALDONADO-MEDINA MD

Street Address (P.O. Box Number is Not Acceptable): 1190 NW 95TH STREET

Suite, Apt. #, Etc.: SUITE 204

City: MIAMI State: FL Zip Code: 33150

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: A. Maldonado-M Date: 4/29/5
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	ANABELLE MALDONADO MD	1190 NW 95TH STREET, STE 204	MIAMI, FL 33150

FLORIDA
05/13/05--01059--013 **350.00

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.

305-836-5053

SIGNATURE: Anabelle Maldonado-M 4/29/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #