PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # L13341

REINSTATEMENT 98-04 MRS

1. Corporation Name

CARLOS F. CORRALES, D.O., P.A.

2. Principal Office Address	3. Mailing Office Address
16855 NE 2 AVENUE	150 SE 2ND AVENUE
Suite, Apt. #, etc. SUITE 302-A	Suite, Apt. #, etc. SUITE #1200
City & State NORTH MIAMI BEACH, FL	City & State MIAMI, FL
Zip 33169 Country U.S.	Zip 33131 Country U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 9/01/89

5. FEI Number: 65-0153848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORRALES, CARLOS F.

Street Address (P.O. Box Number is Not Acceptable): 21331 NE 23 AVENUE

Suite, Apt. #, Etc.:

800035702748
05/06/04--01028--005 **1050.00

City: NORTH MIAMI BEACH State: FL Zip Code: 33180

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 _____ Date 4/28/04
REGISTERED AGENT MUST SIGN

CR2E161 (01/04)

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
D	CORRALES, CARLOS F.	21331 NE 23 AVENUE	NORTH MIAMI BEACH, FL 33180

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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #