

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 10 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L40862

**1. Corporation Name**

Internal Medicine Group of Miami Corp.

777 East 25th Street  
777 East 25th Street

**2. Principal Office Address**  
777 East 25th Street

**3. Mailing Office Address**  
777 East 25th Street

Suite, Apt. #, etc.  
218

Suite, Apt. #, etc.  
218

City & State  
Hialeah FL

City & State  
Hialeah FL

Zip Country  
33013 FL

Zip Country  
33013 FL

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01/08/90

**5. FEI Number**  
65-0246846

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  
Manny Hernandez

Street Address (P.O. Box Number is Not Acceptable)  
777 East 25th Street

Suite, Apt. #, Etc.  
218

City  
Hialeah

State Zip Code  
FL 33013

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date September 7-04

**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
DPS	Manny Hernandez	777 East 25th Street, Ste 218	Hialeah FL 33013

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 7, 04 305 691-3331

Date

Daytime Phone #

CR2E081 (01/04)

282

**Internal Medicine Group of Miami Corp.**  
**777 East 25th Street**  
**Hialeah FL, 33013**

Tuesday, September 07, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is a Corporation Reinstatement Form for Internal Medicine Group of Miami Corp. I would appreciate if you can reinstate the Company without penalties.

Enclosed is a check for \$1,500 covering the period from 1995 through 2004.

I purchased the Company in 1994. The registered agent and the Officer and Director that is listed left the employ of the Company prior to the acquisition.

The Company moved its location when I acquired it in 1994 and I never received the documents required to file the annual report.

Thank you for your cooperation.

Sincerely,



Manny Hernandez