


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 APR -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 49382

1. Corporation Name

RAUL CARDENAS, M.D., P.A.

500098010565

2. Principal Office Address - No P.O. Box #

8358 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

202-L

City & State

SUNRISE FL

Zip

33351

Country

US

3. Mailing Office Address

13941 OAK RIDGE DRIVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33325-3002

Country

US

04/23/07--01038--010 **1058.75
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

02-06-90

5. FEI Number

65-0176766

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

HAYDEE CEBALLOS, CPA

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

354 SEVILLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Haydee Ceballos
REGISTERED AGENT MUST SIGN

Date 3/30/07

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	CARDENAS, RAUL	13941 OAK RIDGE DRIVE	DAVIE, FL 33325
S	CARDENAS, BERTA	13941 OAK RIDGE DRIVE	DAVIE, FL 33325

REINSTATEMENT 01-07
B 4/10/07

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 contained in Chapter 119, 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:

Raul Cardenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAUL CARDENAS
PRESIDENT

Date

4/5/07 (954) 4745288

Daytime Phone #