




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L57267</b>			
1. Corporation Name <b>Jose De LA GANDARA, M.D. AND ANGELA PEDRAZA, M.D., P.A.</b>			
2. Principal Office Address - No P.O. Box # <b>2161 PALM Bch LAKES Blvd</b> Suite, Apt. #, etc. <b>215</b> City & State <b>WEST PALM BEACH, FL</b> Zip <b>33409</b> Country <b>USA</b>		3. Mailing Office Address <b>2161 PALM Bch LAKES Blvd</b> Suite, Apt. #, etc. <b>215</b> City & State <b>WEST PALM BEACH, FL</b> Zip <b>33409</b> Country <b>USA</b>	
4. Date Incorporated or Qualified To Do Business in Florida <b>3/15/90</b>		5. FEI Number <b>650185782</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <b>Jose De LA GANDARA, M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2161 PALM BEACH LAKES Blvd</b> Suite, Apt. #, Etc. <b>215</b> City <b>WEST PALM BEACH</b> State <b>FL</b> Zip Code <b>33409</b>			
<input checked="" type="checkbox"/> 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  Date <b>2-5-07</b> REGISTERED AGENT MUST SIGN			
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
<b>P</b>	<b>JOSE DE LA GANDARA, M.D.</b>	<b>2161 PALM Bch LAKES Blvd #215</b>	<b>WEST PALM Bch, FL 33409</b>
<b>VP/S</b>	<b>ANGELA PEDRAZA, M.D.</b>	<b>2161 PALM Bch LAKES Blvd #215</b>	<b>WEST PALM Bch, FL 33409</b>
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: 		<b>2-5-07</b> <b>561-687-2111</b> Date Daytime Phone #	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSE DE LA GANDARA, M.D.</b>			

As per conversation with office mgr. Carolyn Barach

2/2/9