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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 18 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91148

1- Corporation Name
ALVARO HERVIN SKUPIN PA

REINSTATEMENT 93-02

2. Principal Office Address
9790 SW 107 CT
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33176 Country: USA

3. Mailing Office Address
PO BOX 143378
Suite, Apt. #, etc.
City & State: CORAL GABLES FL
Zip: 33114-3378 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/1990

5. FEI Number: 65-0220271 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ALVARO H. SKUPIN MD
Street Address (P.O. Box Number is Not Acceptable): 4866 NW 114TH COURT
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code: 33178-4835

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] Date: 12/17/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida corporate corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	ALVARO SKUPIN MD	4866 NW 114TH CT	MIAMI FL 33178-4835

10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing one of reinstatement applications, the reason for dissolution has been eliminated, the corporate name satisfied 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] ALVARO SKUPIN 12/17/02 (305) 630-9550
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

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