

PS 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -5 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M18249

1. Corporation Name

Humberto Basto, MD., P.A.

2. Principal Office Address

2300 NE 215 street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

Zip

33180

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07-18-85

5. FEI Number

59-2605839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Humberto Basto

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

2300 NE 215 street

Suite, Apt. #, Etc.

City

AVENTURA

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

REGISTERED AGENT MUST SIGN

Date 03-24-04

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
P.	Humberto Basto	2300 NE 215 st	AVENTURA FL 33180

300031207643
04/09/04--01016--011 **300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-04

Date

3059321368

Daytime Phone #

CR2E081 (01/04)

VICIANA & SHAFER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

4206 LAGUNA STREET
CORAL GABLES, FLORIDA 33146
TELEPHONE: (305) 446-0969
FAX: (305) 446-1076

March 31, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Humberto Basto, M.D., P.A.
Document #M18249

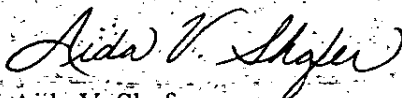
Dear Sir or Madam:

The above-referenced taxpayer recently became aware that the corporation had been administratively dissolved in 2003 due to nonfiling of the Annual Report. Please be advised that the 2003 Uniform Business Report was never received by the taxpayer.

We are filing a Corporation Reinstatement and are including a check for \$300, to cover the annual filing fee for 2003 and 2004. We respectfully request, on behalf of our client, that the reinstatement fee be waived.

Thank you for your attention to this matter. Should you have any questions, please call the corporate officer directly at (305) 932-1368.

Sincerely,



Aida V. Shafer

Enclosures (2)