PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED OLAPR-5 AMID: 54
DOCUMENT # M 18249 1. Corporation Name Hum Serto BASTO, MD., P.A.	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 2300 NE 215 street Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7-18-85
City & State AVENTURA F/ Zip 33180 Country Zip Country	5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Humberto Dasto Street Address (P.O. Box Number is Not Acceptable) 2300 NE 215 STreet Suite, Apt. #, Etc. City Aventura State Zip Code FL 33180 Signature of Registered Agent Registered Agent	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Titles Name of Officers and/or Directors Street Address of Each Officer and/or Directors P. Humberto Bas to 2300 NF 215 st	City / State / Zin
	300031807643 04/09/0401016011 **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 signalure shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #	

Pg 0 62

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)