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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 JUN 14 AM 8:28

DOCUMENT # M42119
 1. Corporation Name
 LUIS R. PAGAN, M.D., P.A.

2. Principal Office Address 7100 W. 20th Avenue		3. Mailing Office Address 7100 W. 20th Avenue	
Suite, Apt. #, etc. Suite G-176		Suite, Apt. #, etc. Suite G-176	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33016	Country	Zip 33016	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 11/21/86

5. FEI Number 59-2767873 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$175 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOSE E. SMITH

Street Address (P.O. Box Number is Not Acceptable) 132 MINORCA AVENUE

Suite, Apt. #, Etc.

City CORAL GABLES State FL Zip 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 810.56, F.S.

Signature of Registered Agent Date 6/1/05

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	Luis R. Pagan, M.D.	1625 S. Bayshore Drive	Coconut Grove, FL 33133

000056151330 06/14/05--01018--019 **450.00

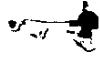
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0411 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 190.70(6) 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: Date 6/1/05 Daytime Phone 305 826 3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM 1002 (01/05)

2 of 2



LUIS R. PAGAN, M.D. , PA.
7100 W 20th Avenue
Suite G-176
Hialeah, FL 33106

June 1, 2005

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Luis R. Pagan, M.D., P.A.
Document # M42119

Dear Representative:

Enclosed please find a Corporate Reinstatement application for Luis R. Pagan, M.D., P.A.. We have also enclosed a check in the amount of \$450.00 to cover the filing fee for the 2003, 2004 and 2005 Uniform Business Report. We respectfully request the waiver of Reinstatement fee due to the fact that the notices requesting payment of the Business Reports were not received.

Please note that mailing address for Luis R. Pagan, M.D., P.A. is as follows:

7100 W. 20th Avenue
Suite G-176
Hialeah, Florida 33106

Please adjust your records accordingly to reflect the new mailing address. If you have any questions or require additional information regarding this matter, please do not hesitate to contact Luis R. Pagan, M.D. at 305-826-3366.

Sincerely,

A handwritten signature in black ink, appearing to be 'Luis R. Pagan', written over the typed name.

Luis R. Pagan, M.D.