

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 30 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M55100					
1. Corporation Name ADVANCE BIOMEDICAL CENTER INC.					
Principal Place of Business C/O MARIO P. RUIZ 6915 NW 51ST ST MIAMI FL 33166			Mailing Address C/O MARIO P. RUIZ 6915 NW 51ST ST MIAMI FL 33166		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/07/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2812000	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip		
D	RUIZ, MARIO P.	11205 SW 33 CIR. PL.	MIAMI FL		
D	RUIZ, ROSA E.	11205 SW 33 CIR. PL.	MIAMI FL		
			300003095153--4 -01/11/00--01094--007 ****600.00 ****600.00		
			300003095153--4 -01/11/00--01094--008 ****150.00 ****150.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
RUIZ, MARIO P. 6915 NW 51ST ST MIAMI FL 33166			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			300003095153--4 -01/11/00--01094--009 *****8.75 State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN		Date 6/10/99	
11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE REQUIRED		SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/10/99 (305) 591-4009 Date Paytime Phone #	