

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -3 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60290

1. Corporation Name

FLAGLER POLYCLINIC INC.

2. Principal Office Address

10391 SW 56 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI. FLORIDA

Zip

33173

Country

USA

3. Mailing Office Address

10391 SW 56 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI. FLORIDA

Zip

33173

Country

USA

900012305659
02/11/03--01020--002 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

10-06-87

5. FEI Number

65-0006241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IGLESIAS, ERCIDES

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

10391 SW 56 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33173

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

Date 01-29-2003

REGISTERED AGENT MUST SIGN

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/D	ERCIDES IGLESIAS	10391 SW 56 TERRACE	MIAMI. FL. 33173

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)(f), 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

01-29-2003

Date

Daytime Phone #

CR2E081 (10/02)

gs 2/3/03