

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

H97000007095

1997 APR 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MB1759
1. Corporation Name
M.C.G. MEDICAL OFFICE, INC.

Principal Place of Business Mailing Address
**7821 Coral Way Suite 132
Miami, FL 33155**

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 **05/21/92**

5. FEI Number **65-0075941**

6. CERTIFICATE OF STATUS DESIRED Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T/S	Carlos M. Garrido	7821 Coral Way #132	Miami, FL 33155
P	Maria Cristina Garrido	6039 Collins Ave. # 907	Miami Beach, FL

REINSTATEMENT '94-'97
SCC 4-30-97

8. Name and Address of Current Registered Agent
**Maria Cristina Garrido
7821 Coral Way #132
Miami, FL 33155**

9. Name and Address of New Registered Agent
Name: **Carlos M. Garrido**
Street Address (P.O. Box Number is Not Acceptable): **7821 Coral Way #132**
Suite, Apt. #, Etc.:
City: **Miami** State: **FL** Zip Code: **33155**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0305, F.S.

Signature of Registered Agent: *[Signature]* Date: **4/30/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 817, 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 807.0401 or 817.0401, 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 11B.07(3)(f), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: **4/30/97** **(305) 262-6886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prepared by: **Carlos M. Garrido 7821 Coral Way #132 Miami, FL 33155 H97000007095**

(305) 262-6886

#M81759

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4/30/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: M.C.O. MEDICAL OFFICE, INC.
AUDIT NUMBER.....H97000007095
DDC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1
CERT. COPIES.....0

PAGES..... 1
DEL.METHOD.. FAX
EST.CHARGE.. \$1,253.75

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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