

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002029

10 OCT -8 AM 11:00

1. Corporation Name
FRATERNIDAD MEDICA 1951 " LOS
TIGRES", INC.

KS

400186466834
10/08/10--01004--014 **481.25

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box # 801 BRICKELL Bay Dr.		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 565		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33131	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 651012829	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name OSCAR J. Ruiz			
Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL Bay Dr.			
Suite, Apt. #, Etc. SUITE 565			
City Miami	State FL	Zip Code 33131	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Oscar Ruiz Date: 10-6-10
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	FLORENCIO ROIG	3190 SW 99 CT	Miami FL 33165
T	OSCAR J. RUIZ	801 BRICKELL Bay Dr.	# 565
S	TAMARA GARCIA-SOMARRIGA	1769 SW 138 AVE	Miami FL 33175

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 contained in Chapter 119, 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: Oscar Ruiz Date: 10-6-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #