PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 17 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003512

1. Corporation Name: AMERICAN
Medical Association for Equal Rights/USA, Inc.

REINSTATEMENT 02-03
000021616360
07/17/03--01018--010 **297.50

2. Principal Office Address 10445 SW 128th Terr.	**3.** Mailing Office Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State

4. Date Incorporated or Qualified To Do Business in Florida   05/15/01

5. FEI Number   N/A   Applied For [X] Not Applicable

Zip 33176	Country USA	Zip	Country

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jay M. Levy, Esquire
Street Address (P.O. Box Number is Not Acceptable)
9130 S. Dadeland Boulevard
Suite, Apt. #, Etc.
Two Datran Center, Suite 1510

City Miami	State FL	Zip Code 33156

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 7/10/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Camilo Lopez	10445 SW 128 Terrace	Miami, FL 33176

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)(i), 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: _____   7/10/3   7862903211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #