

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JAN 19 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N02000002802*

**1. Corporation Name**

Ibero-American Medical Association, Inc.

218 Merrain Road

**2. Principal Office Address**

218 Merrain Road

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

45-1536947

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

Francisco Grinberg

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

218 Merrain Road

Suite, Apt. #, Etc.

City

Palm Beach,

State

FL

Zip Code

33480

**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

*Francisco Grinberg*  
REGISTERED AGENT MUST SIGN

Date 12/24/2004

**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
DIR	Francisco Grinberg	218 Merrain Road	Palm Beach, FL 33480
DIR	Alexis R. Renta	10131 W. Forest Hill Boulevard	West Palm Beach, FL 33414
DIR	Augusto Lopez-Torres	10131 W. Forest Hill Boulevard	West Palm Beach, FL 33414

**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:

*Francisco Grinberg* 12/24/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)