


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 18 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002465

1. Corporation Name

Kendall Regional Medical Center Auxiliary, Inc.

200086687642
01/30/07--01023--016 **183.75

2. Principal Office Address 11750 Bird Road		3. Mailing Office Address 11750 Bird Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country US	Zip 33175	Country US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEEL Number 80-0029755	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 Alina M. Pastoriza	
Street Address (P.O. Box Number is Not Acceptable) 11090 Marin Street	
Suite, Apt. #, Etc.	
City Coral Gables	State / Zip Code FL 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

Alina M. Pastoriza

REGISTERED AGENT MUST SIGN

Date **1/11/07**

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	Alina M. Pastorina	11090 Marin Street	Coral Gables, FL 33156
V	Diana M. Torrent	10563 SW 92 Ave.	Miami, FL 33176
S	Maria C. Telleria	9220 SW 101 St.	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 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:

Diana M. Torrent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

(305) 301-0828

Daytime Phone #

2d52

LAW OFFICES OF

Deborah Kaicher Pastran, Esq.

January 10, 2007

Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Attention: Reinstatements

Re: Kendall Regional Medical Center Auxiliary, Inc.
Document No. N04000002465

To Whom It May Concern:

Please find attached a completed Corporation Reinstatement for the above corporation, along with their check in the amount of \$183.75 for the annual fee for 2005, 2006 and 2007.

This corporation was formed March 10, 2004 and they were not aware they would receive an Annual Report each year to be filed. They did not receive an annual report for 2005, nor do they recall receiving a dissolution notice.

Due to these circumstances, we would appreciate your waiving the reinstatement fee for this corporation and accepting their completed reinstatement form and payment. If you have any questions, please call me. Thank you for your assistance.

Sincerely,



Deborah Kaicher Pastran, Esq.

Encls:
DKP:mf

Member of the Florida Bar

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