PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

600023594816
10/07/03--01009--003 **61.25

DOCUMENT # N11529

1. Corporation Name
Dade County Medical Asso. Alliance, Inc.

2. Principal Office Address	3. Mailing Office Address
1501 N.W. No. River DR	1501 N.W. No. River DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33125 Country: USA	Zip: 33125 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-6153524 ☐ 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: Astowitz, John - DCMA
Street Address (P.O. Box Number is Not Acceptable): 1501 N.W. No. River DR
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33125

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 _____
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
VP	Viera Ady	543 Anastasia	Coral Gables FL 33134
P	Astowitz John	19351 S.W. 134th Ct.	Miami FL 33177
S	Holmes, Martha	11225 S.W. 58th Ct.	Miami-FL 33156
T	Maribona, Maria	1460 W21st Sunset, V	Miami Beach FL 33140
D	Fernandez, Berta	58 Shore DR. W.	Miami FL 33133
DAT	Kellogg Ann	6500 Chapman Field Dr.	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: _____ Maria Maribona (Tres) 9/28/03 (786) 3223499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

September 29, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **Dade County Medical Association Alliance, Inc. /FEI #:59-6153524**

To Whom It May Concern:

Please be advised that we never received the Uniform Business Report for the above mentioned entity, therefore we missed to comply with the September 10, 2003 filing date.

We are attaching the completed corporation reinstatement application plus a check in the amount of $61.25 for the filing fee due. Please reinstate this entity as soon as possible.

We apologize for any inconvenience this may have caused. Should you have any additional comments or questions, pleased do not hesitate to contact me at 305-324-5678.

Sincerely,

Maria Maribona
Treasurer