PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46448

1. Corporation Name
LATIN AMERICAN MEDICAL ASSOCIATION, INC.

900112011929
11/05/07--01058--014 **612.50
REINSTATEMENT 98-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13005 SOUTHERN BLVD.	13005 SOUTHERN BLVD.
Suite, Apt. #, etc.: SUITE 241	Suite, Apt. #, etc.: SUITE 241
City & State: LOXAHATCHEE, FL.	City & State: LOXAHATCHEE, FL.
Zip: 33470 Country: U.S.A	Zip: 33470 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 12/31/91

5. FEI Number: 65-0432058 ☐ 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: JOSE ALLONGO

Street Address (P.O. Box Number is Not Acceptable): 601 NO. ATLANTIC DRIVE

Suite, Apt. #, Etc.:

City: LANTANA State: FL Zip Code: 33462

☒ 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: [signature] Date: 10/11/07
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
D	JOSE ALLONGO	601 NO. ATLANTIC DR	LANTANA, FL. 33462
D	JEAN FOUCAULD	2030 GREENVIEW COVE DR	WELLINGTON, FL 33414
D	JOSE MARTINEZ	11653 SO. BREEZE PL	WELLINGTON, FL 33414
D	HATOEY MONTIJO	4915 So. CONGRESS AVE.	LAKE WORTH, FL. 33461
D	SALOMON MELGEN	12096 CAPTAIN LANE	N. PALM BEACH, FL. 33408
D	WALDO AVELLO	13005 SOUTHERN BLVD. #241	LOXAHATCHEE, FL 33470

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: [signature] JOSE ALLONGO 10/01/07 (561) 790-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #