

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002850

1. Corporation Name
North Dade Medical Clinic, Inc.

710400038622

2. Principal Office Address
13850 NW 26th Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
13850 NW 26th Avenue
Suite, Apt. #, etc.

City & State
Opa-Locka, FL

City & State
Opa-Locka, FL

Zip Country
33054 USA

Zip Country
33054 USA

4. Date Incorporated or Qualified To Do Business in Florida
05/28/96

5. FEI Number Applied For
65-0667010 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 Donald, Sharon
Street Address (P.O. Box Number is Not Acceptable) 13850 NW 26th Avenue
Suite, Apt. #, Etc.
City Opa-Locka, FL
State FL Zip Code 33054

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 10/12/04
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
DP	Donald, Sharon	13850 NW 26 th Avenue Opa-Locka, FL 33054	Opa-Locka, FL 33054
D	Arnold, Doris	13850 NW 26 th Avenue	Opa-Locka, FL 33054
D	Donald, Rex	2230 NW 105 th Street	Miami, FL 33144
REINSTATEMENT 02-04			

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: Date 10/12/04 305-225-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E081 (01/04)