PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

183

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 16 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002829

1. Corporation Name

ILOCANO U.S.A., INC.

REINSTATEMENT 200-06

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
5016 Dorman Road		5016 Dorman Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, FL		City & State: Lakeland, FL	
Zip: 33813	Country: USA	Zip: 33813	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/99

5. FEI Number: 59-3575478 ☐ 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: Greto L. Ramos, M.D.

900075641309
06/27/06 01037--010 **8.75

Street Address (P.O. Box Number is Not Acceptable): 5016 Dorman Road

Suite, Apt. #, Etc.

City: Lakeland | State: FL | Zip Code: 33813

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: 06/12/2006

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
P	Greto L. Ramos, M.D.	5016 Dorman Road	Lakeland, FL 33813
VP	Rosauro Balderama,M.D.	9682 134th Street N	Seminole, FL 33776
S	Julius Vincent Reyes	2238 Camp Indian Head	Land O'Lakes, FL 34639
T	Nenita D. Sweet	7297 120th Avenue North	Largo, FL 33773
D	Roger L. Caculitan	1203 Kinsmen Drive	Auburndale, FL 33823
D	Angelina E. Caculitan	1203 Kinsmen Drive	Auburndale, FL 33823

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: GRETO L. RAMOS M.D 6/12/06 863 644 5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 3

ILOCANO USA, INC.

5016 Dorman Rd., Lakeland, FL 33813
Phone (813)644-5325

9. ADDITIONAL DIRECTORS:

JIMMY ABELLADA	**18041 46TH STREET NORTH ST. PETERSBURG, FL 33713**
JOCELYN LONTOK	**6407 MOSS WAY TAMPA, FL 33625**
VAL BLANCO	**7819 53rd STREET TAMPA, FL 33617**
MA. TERESA BISSONNETTE, M.D.	**12055 ROYAL DRIVE BROOKSVILLE, FL 34601**
VICTORIA RABE TAGALA, M.D.	**1217 VISTA HILLS DR. LAKELAND, FL 33813**

GRETO L. RAMOS, M.D.
PRESIDENT
ILOCANO U.S.A., Inc.

393

ILOCANO USA, INC.

5016 Dorman Rd., Lakeland, FL 33813
Phone (813)644-5325

June 12, 2006

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

Re: ILOCANO U.S.A., Inc.
Document #N99000002829

Dear Sir:

On behalf of the above-named Florida Not-for-Profit Corporation, I wish to inform you that we did not receive the annual report notices in the year of (2000) dissolution of this corporation.

I, hereby, request that the reinstatement fee be waived. Enclosed is a completed Corporation Reinstatement Application Form and a Bank of America Check #1272 in the amount of Four Hundred Twenty Eight Dollars and 75 cents ($428.75).

Your consideration and kind attention to this matter Is greatly appreciated.

Sincerely,

Greto L. Ramos, M.D.
President
Ilocano U.S.A., Inc.

Enclosure:
As above-mentioned