

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

02 JAN 28 AM 8:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00-02
4BR

DOCUMENT # N99000006024

1. Corporation Name

Samaritan Physicians of Hope, Inc.

700004880567--8
-02/05/02--01057--009
*****183.75 *****183.75

700004880567--8
-02/05/02--01057--010
*****8.75 *****8.75

2. Principal Office Address

7700 N. Kendall Drive

3. Mailing Office Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

515

Suite, Apt. #, etc.

515

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

U.S.

Zip

33156

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10-11-99

5. FEI Number

65-0960407

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

Carlos B. Pargass

Street Address (P.O. Box Number is Not Acceptable)

7700 N. Kendall Drive

Suite, Apt. #, Etc.

515

City

Miami

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/25/02

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
<input checked="" type="checkbox"/> Pres.	Maroun H. Barakat	14180 SW 84th G-302	Miami, FL 33183
<input checked="" type="checkbox"/> Sec. Treas.	Carlos B. Pargass	7700 N. Kendall Drive	Miami, FL 33156
<input checked="" type="checkbox"/> J.P.	Dr. Vicente Rodriguez	15768 SW 69th Lane	Miami, FL 33193

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:

Maroun Barakat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-02 (305) 382.4364

Daytime Phone #

CR2E081 (9/00)

20F2

Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

DENTAL-MEDICAL
ADVISORY
BOARD

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SANCHEZ, DDS

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SIMBACO, DDS

LYDIA
USATEQUI, MD

January 25, 2002

Division of Corporations
Annual Reports/Reinstatements
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Samaritan Physicians of Hope, Inc.

Gentlemen,

Please find enclosed application for reinstatement for above corporation along with \$183.75 check payable to Department of State.

The registered agent never received an application to file the annual report and due to severe illness of the president, no follow up of this matter took place. It appears that, if the mailing was sent from your office, it was delivered to another apartment number in the same building without it being turned over to registered agent.

Please consider the above as reasonable cause and process this reinstatement application as submitted to you.

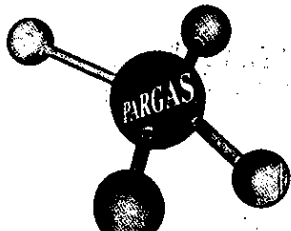
Respectfully,

Carlos B. Pargas, C.P.A.

Enclosures (3)

P.S. In addition, we are submitting a separate check for \$8.75 to obtain a certificate of status once the corporation is reinstated.

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY. IT IS NOT A GUARANTEE OF ANY KIND. THE INFORMATION IS FOR YOUR INFORMATION ONLY. IT IS NOT A GUARANTEE OF ANY KIND. THE INFORMATION IS FOR YOUR INFORMATION ONLY. IT IS NOT A GUARANTEE OF ANY KIND.



7700 N. Kendall Drive • Suite 515 • Miami, Florida 33156

Phone: (305) 273-0990 • Fax: (305) 273-5055 • Email: pargascpas@pargascpas.com

Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,
Florida Institute of Certified Public Accountants, American Institute of Certified Public Accountants
Tax Division and Personal Financial Planning Division

Visit us on the web: www.pargascpas.com