

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000002448

1. Corporation Name
ALLAPATTAH 2000 MEDICAL CENTER INC.

Principal Place of Business: 2360 NW 36 ST, MIAMI FL 33142
Mailing Address: P.O. BOX 350338, MIAMI FL 33135

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

FILED
03 JAN 31 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida: 01/10/2000
5. FEI Number: 65-0976080
Applied For: Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	GARCIA JULIO	2360 NW 36 ST	MIAMI FL 33142
PD	Edgardo Puglia	2360 NW 36 ST.	Miami, FL 33142
VP	Julio Garcia	2360 NW 36 ST.	Miami, FL 33142

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02/11/03 01003 021 **908.75

8. Name and Address of Current Registered Agent

GARCIA, JULIO
2360 NW 36 ST
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 (305) 638-8425

Date

Daytime Phone #

CR2E040 (8/02)