

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003675

1. Corporation Name

LEONELO A. RUISANCHEZ, M.D., P.A.

2. Principal Office Address

8740 N. Kendall Drive

3. Mailing Office Address

2625 Collins Avenue

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Apt. 605

City & State

Miami, FL

City & State

Miami Beach, FL

Zip

33176

Country

USA

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/2000

5. FEI Number

65-0972429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-96
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Manuel A. Garcia-Linares, Esquire

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

201 S. Biscayne Boulevard

400074539354

Suite, Apt. #, Etc.

10th Floor

05/12/06--01067--015 ***120.75

City
Miami

State

FL

Zip Code

33131

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

4/27/06

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	Leonelo A. Ruisanchez	2625 Collins Avenue, Apt. 605	Miami Beach, FL 33140

03/10

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:

Leonelo A. Ruisanchez

4/24/06

Date

305-270-9961

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR