


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000005363

1. Corporation Name

DHARMA PROJECT, INC.

Principal Place of Business

Mailing Address

3860 S.W. 8TH STREET,STE.300  
CORAL GABLES FL 33134

3860 S.W. 8TH STREET,STE.300  
CORAL GABLES FL 33134

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/2000

5. FEI Number

65-0978533

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MERAYO, HUBERTO E	3860 S.W. 8TH STREET,STE.300	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERAYO, HUBERTO E  
3860 S.W. 8TH STREET,STE.300  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

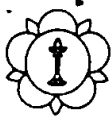
SIGNATURE REQUIRED  
Huberto E Merayo, MD

Date

Daytime Phone #

10/16/01 (305) 444-6406

CR2E040 (801)



**Dharma Project, Inc.**  
MEDICAL BILLING SERVICES

November 9, 2001

Florida Department of State  
Division of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

RE: Dharma Project:  
Tax #65-0978533

Dear Sir/Madam:

Please note that in response to your dated November 6, 2001. This shall serve to confirm that we had not received any notification of any corrections in February 17, 2001.

We would appreciate if you could please reinstate the corporation. Should you need any further information regarding this matter.

Sincerely yours,

Teresa Narvarte-Gonzalez  
Administrator  
Dharma Project, Inc.