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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -7 PM 12:16
TALLAHASSEE, FLORIDA

500068107205
03/20/06--01021--020 **600.00
CR2E081 (12/05)

DOCUMENT # P0000013899

1. Corporation Name

JULIAN C. MUNOZ M.D., P.A.

2. Principal Office Address

750 EAST 49TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

Zip 33013

Country USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

02/08/2000

5. FEI Number

65-0979599

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

MUNOZ, JULIAN C

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

750 EAST 49TH STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33013

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

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
PSTD	JULIAN C. MUNOZ	750 EAST 49TH STREET	HIALEAH, FL. 33013

B 3/10/06

REINSTATEMENT 63-06

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:

Julian C. Munoz P.

2/22/06

(305) 688-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paperwork

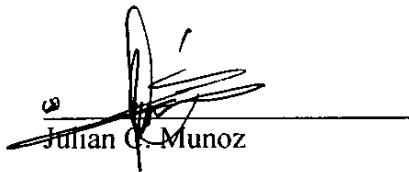
02/28/2006

To Fl. Department of State

From: Julian Munoz M.D., P.A.

I am writing this letter to inform you of my situation. My company has been dissolved since September 2003. In the 20002 Uniform Business Report, I changed my address to 750 East 49th Street. Unfortunately, the address was recorded as 750 East 99th Street and the renewal paperwork was never received. Due to these circumstances, I am asking that you please excuse the penalties and allow to reinstate the corporation for the annual fees only.

Thank You For Your Time,


Julian C. Munoz