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PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

2006 JUN 23 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015539

1. Corporation Name

MISAEAL GONZALEZ MD, P.A.

2. Principal Office Address

9995 SUNSET DRIVE

3. Mailing Office Address

9995 SUNSET DRIVE

4. Date Incorporated or Qualified To Do Business in Florida

203

5. FFL Number

203

02/14/2000

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

05/22/06 01014006
CR2E0R1 (12/05)
1,350.00

6. CERTIFICATE OF STATUS DESIRED

65-0981925

Applied For

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MISAEAL D GONZALEZ

Street Address (P.O. Box Numbers Not Acceptable)
9995 SUNSET DRIVE

Suite, Apt. #, Etc.
203

City
MIAMI

State
FL

Zip Code
33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0803, F.S.

Signature of Registered Agent

Misael Gonzalez

REGISTERED AGENT MUST SIGN

Date

6/20/06

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MISAEAL D GONZALEZ	9995 SUNSET DRIVE STE 203	MIAMI, FL 33173

B 6/27/06
REINSTATEMENT 05-06

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:

Misael Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06

Date

905-273-3601

Daytime Phone #

FROM : ACCOUNTING OFFICE

FAX NO. : 3054481648

Jun. 27 2006 12:07PM P3

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**Misael Gonzalez MD, P.A.
9995 Sunset Drive, Suite 204
Miami, FL 33173**

April 27, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: MISAEL GONZALEZ MD. P.A.
DOCUMENT# P00000015539
CORPORATION REINSTATEMENT**

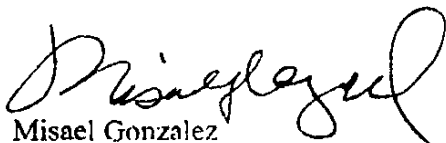
Gentlemen:

Enclosed find our Corporation Reinstatement and check for filing fees for the amount of \$300.00.

Please be advised that due to our change of address, we never received the 2005 Annual Report in the mail. On this date, our accountant notified us that the report had not been filed and needs to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Misael Gonzalez