

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -2 AM 11:51

REINSTATEMENT 03-06

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024462

1. Corporation Name

DENNIS A CORTES M.D. P.A.

2. Principal Office Address
601 NORTH FLAMINGO ROAD

3. Mailing Office Address
601 NORTH FLAMINGO ROAD

Suite, Apt. #, etc.
403

Suite, Apt. #, etc.
403

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33028

Country
BROWARD

Zip
33028

Country
BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0998797

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
DENNIS A CORTES

Street Address (P.O. Box Numbers Not Acceptable)
601 NORTH FLAMINGO ROAD

900078487909
08/08/06--01068--014 **600.00

Suite, Apt. #, Etc.
403

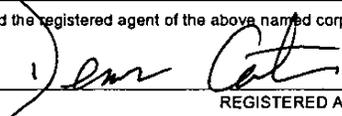
City
PEMBROKE PINES

State
FL

Zip Code
33028

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 5-11-06

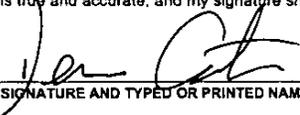
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------------|
| PRES | DENNIS A CORTES | 601 NORTH FLAMINGO RD #403 | PEMBROKE PINES, FL 33028 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



5-11-06
Date

9544356211
Daytime Phone #



2072

Dennis A. Cortes, M.D.
Diplomate American Board of Internal Medicine

July 27, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

Enclosed please find our check #2951 in the amount of \$600.00 to reinstate the corporation for the past four years 2003, 2004, 2005, and 2006.

This office did not receive the annual reports for the past years. Upon further review, we noticed the address the Department of State has on record is wrong. We are certain the mail was undelivered and sent back to your office. We are asking that both the address is changed to our new office and the \$500 penalty be waived.

In advance, thank you for your attention in this matter.

Sincerely,


Dennis A Cortes M.D.