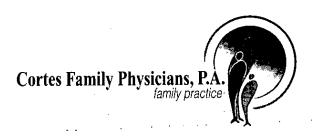
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMEN Secretary of S SION OF CORPOR			$\bar{\mathbf{N}}$		2003 8:0 y of State	
DOCUMENT # Pocc		9593	560			e/	,	
EDUARDO CO	2TES,	D.O.,F). A .	·				
				5-16-1	ा प	240 015	150.00	
2. Principal Office Address 3934 944 AUS W	3931	3. Mailing Office Address 3934 CAN AUS W -Suite, Apt. #; etc.			2-19-02 01016 016 150.00			
Suite, Apt. #, etc-	Suite, Apr. #,	eic.		4. Date income To Do Bus	porated or C	Qualified 2 -(1)		
City & State By ADENTON TL	City & State	City & State Bradewich FL			To Do Business in Florida 5. FEI Number Applied For Not Applicable			
Zip Country 3480S U.SA	349	COU!	ntry D.S.A.	6. CERTIFICATI	E OF STATUS		Iditional Fee required entificate of Status	
	7. 1	lame and Address	s of Current Register	red Agent				
Street Address (P.O. Box Number 3013 U	qan E	CORTE NE U	S	6.0 03/21		445105 1064005 ** 210 COO®	>	
8. I, being appointed the registered agent of the	above named corpo	oration, am familiar	with and accept the o	bligations of secti	ion 607.050		CRZE081 (10/02)	
Signature of Registered Agent					Date _	3-18-0		
9. Names and Street Addresses of Each Office	and/or Director (Fl	orida nonprofit corp	orations must list at le	east 3 directors)				
Titles Name of Officers and/or Direct	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zi	ip	
PD EDVARDO CO	XITES	3904	CAD ANS 1	W	Bra	DENTON F	134805	
			RE	INSTA	i EN	ENTO/-	-03	
		-				· · · · · · · · · · · · · · · · · · ·	**************************************	
-							_	
10. I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and the second of the seco	dissolution has bee the names of indivi	n eliminated, the co duals listed on this t	orporate name satisfier form do not qualify for effect as if made unde	s the requirement an exemption under er oath.	s of section der section	607.0401 or 617.0401, F	F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPES ON	HERINTED NAME OF	SIGNING OFFICER (EDUARD DR DIRECTOR	DCOLT	Date	3/18 03 9 Daytime P	141- 140- Phone # 149	



March 18, 2003

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

RE: Eduardo Cortes, D.O., P.A. P00000025236

To whom it may concern:

Attached you will find the Corporation Reinstatement form for the above referenced corporation. In May of 2001 a payment was made of \$150.00. February of 2002 another payment of \$150.00 was made, totaling \$300.00 being paid for the two years. The reinstatement fee now is \$1050.00 minus the \$300.00 equals \$750.00 which you will find on the enclosed check.

Sorry for any inconvenience.

Eduardo Cortes, D.O.