

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 11:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P00000042330**

1. Corporation Name
JULINAT MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
 110 E. HIALEAH DR. P.O. BOX 110697
 HIALEAH FL 33010 HIALEAH FL 33011

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

REINSTATEMENT 02-03

000011596980
 01/31/03--01075--003 **900.00

4. Date Incorporated or Qualified To Do Business in Florida **04/27/2000**

5. FEI Number **65-1002878** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CALDERIN, JULIO C	110 HIALEAH DRIVE	HIALEAH FL 33010

8. Name and Address of Current Registered Agent

CALDERIN, JULIO C
 415 HIALEAH DRIVE
 HIALEAH FL 3310

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E040 (8/02)