

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

FILED

Jan 21, 2003 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000078596

1. Corporation Name

JMC Medical Center, Inc.

2. Principal Office Address

900 W 49 ST

Suite, Apt. #, etc.

#420

City & State

Hialeah, FL

Zip

33012

Country

usa

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/21/2000

5. FEI Number

65-1033172

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

Cristina A Franco

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

900 W 49 ST #420

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/17/03

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
PD	Franco, Cristina A	900 W 49 ST #420	Hialeah, FL 33012
MD	Melendez, Agueda A	900 W 49 ST #420	Hialeah, FL 33012

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 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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

(305) 823-5999

Daytime Phone #

95 1123