H02000228421 2 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078930

1. Corporation Name

DOCTORS HEALTH GROUP N.W. INC.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
2435 NW 7th street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33125 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 8-14-2000

5. FEI Number: 650485918 — 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: EDDIE MOR

Street Address (P.O. Box Number is Not Acceptable): 2435 NW 7th Street

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33125

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: 11-19-02

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
P/D	EDDIE, MOR	2435 NW 7th Street	Miami, Fl 33125.
V/D	ELBA M. MOR	1717 N. Bayshore Dr, #2751, Miami, Fl 33134.	

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: Elba Miriam Mor V/D. — 11-19-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

DOCTORS HEALTH GROUP N.W. INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00