

(2002)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

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

DOCUMENT # P000006086832

1. Corporation Name

BRICENO MEDICAL CONSULTANTS, INC.

2. Principal Office Address

7370 NW 36 ST.

Suite, Apt. #, etc.

406

City & State

MIAMI, FLA.

Zip

33166

Country

U.S.

3. Mailing Office Address

7370 NW 36 ST.

Suite, Apt. #, etc.

406

City & State

MIAMI, FL

Zip

33166

Country

U.S.

300008938233

11/12/02--01093--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/2000

5. FEI Number

65-1039367

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

ANTONIO BRICENO

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

7370 NW 36 ST

Suite, Apt. #, Etc.

406

City

MIAMI

State
FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/5/02

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	ANTONIO BRICENO	7370 NW 36 ST #406	MIAMI, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO BRICENO

Date

11/5/02

Daytime Phone #

CR2E081 (9/01)

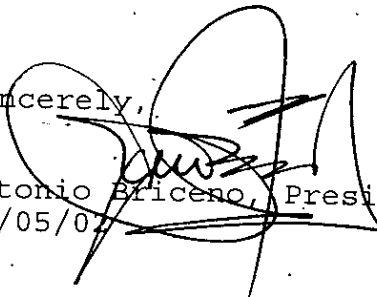
Division of corporations
Department of State
Tallahassee, Florida

Re: Briceno Medical Consultants, Inc.
P00000086832

Dear Sirs,

Enclosed is my fee for \$150.00 for the Annual Business Report for 2002. We respectfully request a waiver of late fees do to the fact that the 2002 UBR forms were never received by us! Our company has relocated to a new address and it seems that the post office never forwarded any mail from your offices to our new location.

Sincerely,


Antonio Briceno, President
11/05/02