

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

02 MAY 17 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000100643**  
1. Corporation Name  
**SPORTMED OF CORAL GABLES, INC**

Principal Place of Business Mailing Address  
225 MALAGA AVENUE 225 MALAGA AVENUE  
CORAL GABLES FL 33134 CORAL GABLES FL 33134



**REINSTATEMENT 01-02**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
2475 Brickell Ave.  
Suite, Apt. #, etc.  
#1103  
City & State  
Miami, FL  
Zip Country  
33129 USA

4. Date Incorporated or Qualified To Do Business in Florida  
10/26/2000

5. FEI Number  
65-1064393 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S	Vergara, Hernando M.	2475 Brickell Ave. #1103	Miami, Florida 33129

600005979346--7  
-06/25/02--01070--003  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent  
SOLOMIANY, ALEX-ESQ.  
1001 BRICKELL BAY DR., STE. 1704  
MIAMI FL 33131

9. Name and Address of New Registered Agent  
Name  
SOLOMIANY, Alex, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
80 S.W. 8th Street  
Suite, Apt. #, Etc.  
Suite 2157  
City  
Miami  
State  
FL  
Zip Code  
33130

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.

Signature of Registered Agent *Alex Solomiany* REGISTERED AGENT MUST SIGN  
Date 4/9/2002

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: *Hernando Vergara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/9/2002  
Daytime Phone #

CR2E040 (B01)