

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 14 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104055

1. Corporation Name

Miami Dade Health Centers One, Inc.

2. Principal Office Address

3233 Palm Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Hialeah, FL

Zip

33012

Country

USA

3. Mailing Office Address

3233 Palm Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Hialeah, FL

Zip

33012

Country

USA

600073505436
05/01/06--01055--014 **458.75

CR2E081 (12/05)

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

11/06/2000

5. FFL Number

65-1057540

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

Jose M. Garcia

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

3233 Palm Avenue

Suite, Apt. #, Etc.

4th Floor

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

REGISTERED AGENT MUST SIGN

Date

4/13/06

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 |
|--------|--------------------------------------|---|--------------------|
| D/P | Jose M. Garcia | 3233 Palm Avenue, 4th FL | Hialeah, FL 33012 |
| D/M/P | Luis Cruz, M.D. | 3233 Palm Avenue, 4th FL | Hialeah, FL 33012 |
| D/S/T | Carlos Garcia | 3233 Palm Avenue, 4th FL | Hialeah, FL 33012 |
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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 contained in Chapter 119, 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

Date

4/13/06 305-642-0590

Daytime Phone #