

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 31 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/02--01071--002

****300.00 ****300.00

DOCUMENT # *P00000110565*

1. Corporation Name

*MIAAMI-DADE PLAZA DIAGNOSTIC AND
REHABILITATION CENTER CORPO*

2. Principal Office Address

3429 NW 32 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33142

Country

USA

Zip

Country

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

11/30/2000

5. FEI Number

651058582

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

Miguel Morales Rodriguez

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

580W 77 ST Hialeah FL 33014

Suite, Apt. #, Etc.

City

State

FL

Zip Code

33014

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 *05/28/02*

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
<i>PD</i>	<i>VLADIMIR MORALES</i>	<i>3429 N.W. 32 AVE.</i>	<i>MIAMI, FL 33142</i>
			<i>201.25 AR</i>
			<i>10.00- AR ARTS</i>
			<i>88.75 AR SUP</i>

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

Date

Daytime Phone #

05/28/02 (305) 609 4064

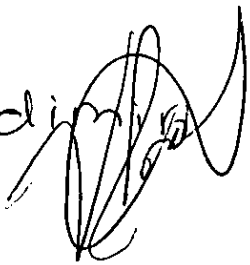
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Division of Corporation
Reinstatement Dept.

Ref: P00000110565

Miami-Dade Plaza Diagnostic and Rehabilitation
Center, Corp.

As per our conversation I'm sending
you \$300.00 for the 2001 and
2002 report. Thank you for
considering waiving the penalty.

 Vladimir Morales (President)