PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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
MIAMI-DADE PIACA DIAGNOSTIC AND REHABILITATION CENTER CORP

2. Principal Office Address	**3.** Mailing Office Address
3429 NW 32 AVE	SAME
Suite, Apt. #, etc.	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: Vladimir Morales Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 580 W 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 _____ Date 05/28/02
REGISTERED AGENT MUST SIGN

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
PD	VLADIMIR MORALES	3429 N.W. 32 Ave.	MIAMI, FL. 33142
			201.25 AR
			10.00 AR ARCTS
			88.75 AR SUP

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: _____ 05/28/02 (305)609-4064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2al2

Division of Corporation
Reinstatement Dept.
Ref: P00000110565
Miami-Dade Plaza Diagnostic and Rehabilitation Center, Corp.

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

Vladimir Morales (President)