

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 12 PM 4:00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000113331

1. Corporation Name

Medical Associates Of Miami, Inc.

2. Principal Office Address

12940 S.W. 63 Ave.

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33156

Country

3. Mailing Office Address

c/o Jose A. Saavedra, Esq.

1428 Brickell Ave.
Eighth (8th) Floor

City & State

Miami, Fla

Zip

33131

Country

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

Dec: 11, 2000

5. FEI Number 65-1108373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01-02

7. Name and Address of Current Registered Agent

Name

Jose A. Saavedra, Esq.

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

1428 Brickell Ave., 8th Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

400005326734 --6
-04/23/02-01065-005
****300.00 ****300.00

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

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	Felipe Antonio Del Valle	12940 S.W. 63 ave.	Miami, Fl. 33156
D	Lazaro Cadaviego	12940 S.W. 63 ave.	Miami, Fl. 33156

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe Antonio Del Valle

Date

Daytime Phone #

CR2E081 (9/01)

March 13, 2002

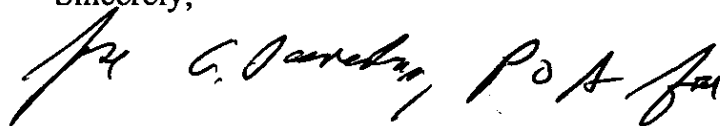
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Medical Associates of Miami, Inc.

Dear Sir/Madam:

I am the President and Director of Medical Associates of Miami, Inc. I am enclosing a Reinstatement Form for Medical Associates of Miami Inc., along with a check in the amount of \$150.00. Please note that we never received the Annual Report and accordingly was not at fault for submitting the Annual Report in a timely fashion. If you need for me to provide you with an Affidavit, please advise and I will send you one.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dr. Felipe Del Valle", with a stylized flourish at the end.

Dr. Felipe Del Valle

Enc.