

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 29 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016551

1. Corporation Name

ANTONIO FRANCO, M.D., P.A.

2. Principal Office Address

10255 NW 9th. St. Circle

3. Mailing Office Address

Same

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/13/2001

5. FEI Number

65-1110862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Antonio Franco

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

10255 NW 9th. Street Circle

Suite, Apt. #, Etc.

503

City

Miami

State

FL

Zip Code

33172

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 08/23/2003

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
P	Antonio Franco	10255 NW 9th St. Circle Suite 503	Miami, Fl 33172

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

08/23/2003

Date

Daytime Phone #

CR2E081 (10/02)

2/5/2

M & M Services Group, P.A.

*Corporate & Individual Income Tax
Accounting Payroll Corporation
Immigration Notary Public*

August 13, 2003

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

Re: Reinstatement
Antonio Franco, M.D., P.A.
EIN 65-1110862

The present letter is to request from you the removal of the penalties applied to the corporation mentioned above for not filing the proper annual report for the years 2002 & 2003.

I would like to inform you that the corporation in reference did not pay the corresponding annual reports, since the person who was handling the corporate documents suddenly moved out of the country during the month of February 2002. It was until now that they located him and informed them who had the documents.

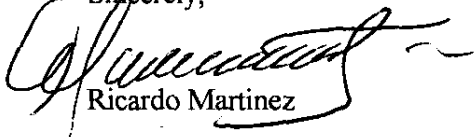
After we reviewed the documents we found so many errors and payments which were not made, including the corresponding payments for the 2002 & 2003 annual reports.

Now, we are trying to organize the corporate documents and at the same time requesting a pardon for the former accountant's irresponsibility.

Please direct your response letter to M & M Services Group, P.A., since we are the new accounting company and we want to be informed to continue with the corporation.

Wishing this request be granted by you in order to make this corporation current, with kind regards, I remain,

Sincerely,



Ricardo Martinez

*1550 West 84th Street Suite 78, Hialeah, Florida 33014
Phone: 305-558-4947 Fax: 305-821-9794
email address: mmservic@bellsouth.net*