

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 11 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036994

1. Corporation Name

MIAMI GARDENS MEDICAL SERVICES, INC.

2. Principal Office Address

8900 CORAL WAY

Suite, Apt. #, etc.

SUITE # 202

City & State

MIAMI, FLORIDA

Zip

33165

Country

DADE

3. Mailing Office Address

8900 CORAL WAY

Suite, Apt. #, etc.

SUITE # 202

City & State

MIAMI, FLORIDA

Zip

33165

Country

DADE

700025608227  
12/18/03--01057--022 \*\*\*900.00  
**REINSTATEMENT 02-03**  
*M.P.S.*

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 9, 2001

5. FEI Number

65-1084258

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

RANDY DIAZ

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

6086 SW 20TH STREET

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33155

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 *x*

*R Diaz*

Date DEC. 10, 2003

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
<u>PRESID</u>	<u>RANDY DIAZ</u>	<u>6086 SW 20TH STREET</u>	<u>MIAMI, FL. 33155</u>
<u>SECRET</u>	<u>RANDY DIAZ</u>	<u>6086 SW 20TH STREET</u>	<u>MIAMI, FL. 33155</u>
<u>TREAS.</u>	<u>RANDY DIAZ</u>	<u>6086 SW 20TH STREET</u>	<u>MIAMI, FL. 33155</u>

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*

*R Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. 10, 2003

Date

Daytime Phone #

CR2ED81 (10/02)