

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ST. FRANCIS PHYSICIANS GROUP INC.

801 0000 92721

800025081508
11/25/03--01065--012 **900.00

2. Principal Office Address

8045 N.W. 36 STREET

Suite, Apt. #, etc.

#510

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

S/A SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

65-1154250

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

HERNANDEZ, OLGA

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

61 HOOK SQUARE

Suite, Apt. #, Etc.

City

MIAMI SPRINGS, FLORIDA

State

FL

Zip Code

33166

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

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
P/D	Hernandez, Olga	61 Hook Square	Miami Springs, FL 33166

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

11-30-88-1955

Daytime Phone #

301-463-1753

CR2E081 (10/02)