PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:49

DOCUMENT # P01000095138

1. Corporation Name

HEALTH CENTER OF HOMESTEAD, P.A.

Principal Place of Business	Mailing Address
125 NE 8TH STREET SUITE 1 HOMESTEAD FL 33030	125 NE 8TH STREET SUITE 1 HOMESTEAD FL 33030

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/2001

5. FEI Number: 65-1141114 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	MOLINA, DAVID	125 NE 8TH STREET SUITE 1	HOMESTEAD FL 33030

300023966353
10/21/03--01044--016 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	Name: Molina, David Street Address (P.O. Box Number is Not Acceptable): 125 NE 8 st Suite 1 Suite, Apt. #, Etc.: City: Homestead State: FL Zip Code: 33030

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/8

Miami, Florida
October 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: P01000095138
HEALTH CENTER OF HOMESTEAD, P.A.
125 NE 8 STREET SUITE 1
HOMESTEAD, FL 33030

To Whom It May Concern:

Upon our conversation I am enclosing the Corporation Reinstatement Form due to the fact that I never received the Annual Report to be filed this year.

As per your request I'm enclosing the form with the $150.00 fee and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

DAVID MOLINA
PRESIDENT