

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAY 20 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102980

1. Corporation Name

MEDICINAS SIN FRONTERAS, CORP.

2. Principal Office Address

11800 S.W. 190th Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33177

Country

USA

3. Mailing Office Address

11800 S.W. 190th Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33177

Country

USA

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

10/01/2001

5. FEI Number

01-0592718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

BARBARA CHAVEZ

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

400037434534

06/01/04--01006--006 **900.00

Suite, Apt. #, Etc.

11800 S.W. 190th Street

City

Miami

State
FL

Zip Code

33177

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**

BARBARA CHAVEZ

Date 04/07/2004

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
PD	BARBARA CHAVEZ	11800 S.W. 190 St.	Miami Florida 33177

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:

BARBARA CHAVEZ

5/18/2004

(305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E001 (06/03)