

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00

DOCUMENT # *P.O. 200000 1776*

1. Corporation Name

RAMON H. MACHADO Medical Office, Corp

REINSTATEMENT

*03-04
MRD*

2. Principal Office Address

1873 W FLAGLER ST

Suite, Apt. #, etc.

SUITE # 1

City & State

MIAMI, FL

Zip

33135

Country

U.S.A.

3. Mailing Office Address

1873 W FLAGLER ST

Suite, Apt. #, etc.

SUITE # 1

City & State

MIAMI, FL

Zip

33135

Country

U.S.A.

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

01-11-02

5. FEI Number

95-4893290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

*4/23/03 90257 029 *150.00*

7. Name and Address of Current Registered Agent

Name

RAMON H. MACHADO, M.D.

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

1873 W. FLAGLER ST.

Suite, Apt. #, Etc.

SUITE #1

City

MIAMI, FL 33135

800037625748

*06/03/04--01032--024 **150.00*

State
FL

Zip Code

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

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
<i>PRESIDENT</i>	<i>RAMON H. MACHADO</i>	<i>1873 W FLAGLER ST.</i>	<i>MIAMI, FL 33135</i>

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:

Machado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-15-04 (305) 649-4588

Daytime Phone #

CR2E001 (01/04)

2082

Flagler Medical Plaz

1873 West Flagler Street

Miami, Fla. 33135

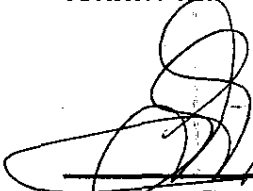
(305) 649-4588

Miami, May 11, 2004.

To Whon It May Concern:

*The present is to certify that Dr. Ramon H. Machado
file with the Division of Corporation last year and that he did not recive any
correspondance from the Division of Corporation on Nobemver 2003.*

*If More information is needed please do not hesitate to
contact us.*



Jorge L. Garcia-Arteaga P.A.

*Jorge L. Garcia-Arteaga P.A.
P.O. Ramon H. Machado, M.D.*

