

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

03 DEC -5 AM 8:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000004869**

1. Corporation Name

JORGE M. BARCENAS, M.D., P.A.

Principal Place of Business

Mailing Address

14687 SW 104 ST.
 MIAMI FL 33186

14687 SW 104 ST.
 MIAMI FL 33186

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

REINSTATEMENT 03



400025257114
 12/05/03--01043--030 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

01/15/2002

5. FEI Number

260004031

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
P	BARCENAS, JORGE M	14687 SW 104 ST.	MIAMI FL 33186
VP	MARIA FUNDORA	8921 SW 104 ST	Miami FL 33186

8. Name and Address of Current Registered Agent

BARCENAS, JORGE M
 14687 SW 104 ST.
 MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/1/03

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Barcenas MD 12/1/03

Date

Daytime Phone #

325-383 3372

CPRE040 (7/03)

JORGE M. BARCENAS, M.D., P.A.

December 1, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

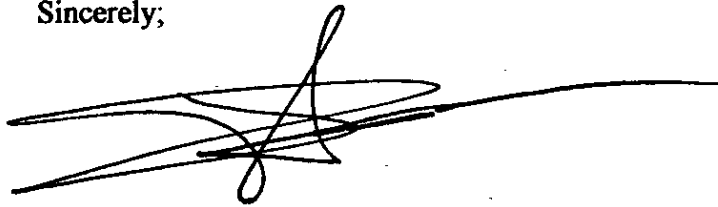
RE: Document # P02000004869

To Whom It May Concern:

Please take notice that in our shopping center there have been many erroneous mail deliveries and we did not receive the two previous UBR notices. Please accept this reinstatement application with the regular filing fees.

Thank you in advance for your understanding.

Sincerely;

A handwritten signature in black ink, appearing to be 'Jorge M. Barcenas', written over a horizontal line.

Jorge M. Barcenas, M.D.