

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028392

1. Corporation Name

MIAMI MEDICAL ASSOCIATES, P.A.

2. Principal Office Address

8337 NW 12 ST

Suite, Apt. #, etc.

STE: 101

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Office Address

12365 SW 43 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

REINSTATEMENT 03-04

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

03-14-2002

5. FEI Number

☒ 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

JOHN R. CINTRON

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

400028231814
02/05/04--01017--006 ***600 00

Suite, Apt. #, Etc.

12365 SW 43 ST

City

MIAMI

State

FL

Zip Code

33175

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
PD	JOHN R. CINTRON	12365 SW 43 ST	MIAMI, FL 33175
SD	JANY SANCHEZ, M.D.	8337 NW 12 ST., STE 101	MIAMI, FL 33126

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

Daytime Phone #

CR2E081 (10/02)

2082

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

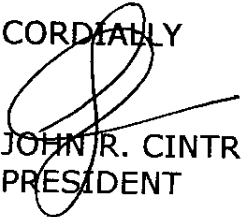
TO WHOM IT MAY CONCERN:

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM
YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



JOHN R. CINTRON
PRESIDENT