

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074557

1. Corporation Name

D & K MEDICAL CENTER INC

2. Principal Office Address

3383 NW 7 ST

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI, FL

Zip

33125

Country

MIAMI-DADE

3. Mailing Office Address

3383 NW 7 ST

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI, FL

Zip

33125

Country

MIAMI-DADE

REINSTATEMENT 03

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

07/09/2002

5. FEI Number

52-2384505

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

ACEVEDO PEDRO H

700024396547

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

9620 SW 48 ST

11/04/03--01014--015 **150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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 10/15/2003

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
PSD	ACEVEDO PEDRO H	9620 SW 48 ST	MIAMI, FL 33165

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)(u), 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

10/15/03

Date

(305) 649-9700

Daytime Phone #