PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075789

1. Corporation Name

Biscayne Health Institute, Inc.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
1001 SW 22 St		1001 SW 22 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, Florida 33129		Miami, Florida 33129	
Zip	Country	Zip	Country
33129	USA	33129	USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/11/2002

5. FEI Number: 52-2368384 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jose J. Quiros

Street Address (P.O. Box Number is Not Acceptable): 444 SW 64 Ct

800029331928
02/25/04--01007--011 **900.00

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33144

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: Jose J. Quiros — REGISTERED AGENT MUST SIGN — Date: 2/14/2004

CR2E061 (01/04)

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
P	Arturo Gonzalez	1001 SW 22 St	Miami, Florida 33129
V	Ramon Hernandez	1001 SW 32 St	Miami, Florida 33129

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: Arturo Gonzalez — 2/14/04 — (305) 975-7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR