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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 JAN 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000100849

1. Corporation Name
Fraga Medical Service INC.

2. Principal Office Address	3. Mailing Office Address
42 NW 27 LN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
400	
City & State	City & State
Miami	
Zip / Country	Zip / Country
Florida USA	33125

CR E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 9-18-2002

5. FEI Number: 61-1425666 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Anselmo Fraga

Street Address (P.O. Box Number is Not Acceptable): 1746 SW 154 Ave

Suite, Apt. #, Etc.:

City: MIAMI — State: FL — Zip Code: 33185

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: 01-12-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Anselmo Fraga	1746 SW 154	Miami FL 33185

01/12/07

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 contained in Chapter 119, 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: _____ 01/12/07 786-718-8558

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

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1/9/2012

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

FRAGA MEDICAL SERVICE INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75