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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 11:13

DOCUMENT # **P02000102076**

1. Corporation Name

S.W. MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
~~874 SW 8 ST~~ 874 SW 8 ST MIAMI FL 33130	~~874 SW 8 ST~~ 874 SW 8 ST ~~MIAMI FL 33130~~ MIAMI FL 33130

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. 861 SW. 8 st.		Suite, Apt. #, etc. 861 SW. 8st.	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33130	Country USA.	Zip 33130	Country USA.

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/2002

5. FEI Number: 383660800 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MEDINA, DIEGO	874 SW 8 ST	MIAMI FL 33130
D	ODOARDO, DENIO	874 SW 8 ST	MIAMI FL 33130
D	COLAS, SUSANA	874 SW 8 ST	MIAMI FL 33130

800023751968
10/13/03--01073--021 **150.00

8. Name and Address of Current Registered Agent

COLAS, SUSANA
520 BRICKELL KEY DR
MIAMI FL 33131

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

CR2E040 (7/03)

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.

Susana Colas

Signature of Registered Agent Susana Colas Date 10-09-03

REGISTERED AGENT MUST SIGN

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.

Susana Colas

SIGNATURE: Susana Colas 10-09-03 (305) 858-3433

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

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: S.W. Medical Center, Inc.
874 SW 8 Street
Miami, FL 33130
Document# P02000102076

We are writing because we did not receive the prior UBR notices. We have received this notice of Dissolution or Revocation, since we did not receive these notices and therefore did not mail you the required fees.

Please waive the reinstatement Fees.

We are enclosing our Application for Reinstatement along with a check for $150.00.

Sincerely Yours,

Denio Odoardo
Director