

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -2 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000103839*

1. Corporation Name
BENEFICA MEDICAL CENTER, INC.

2. Principal Office Address
8821 WEST FLAGLER STREET

Suite, Apt. #, etc.
202

City & State
MIAMI

Zip
33174

Country

3. Mailing Office Address
8821 WEST FLAGLER STREET

Suite, Apt. #, etc.
202

City & State
MIAMI

Zip
33174

Country

REINSTATEMENT 03-05

WOP

4. Date Incorporated or Qualified
To Do Business in Florida 09/23/2002

5. FEI Number
05-0532116

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
JOSE A VALDES

Street Address (P.O. Box Number is Not Acceptable)
8821 WEST FLAGLER STREET

Suite, Apt. #, Etc.
202

City
MIAMI

State Zip Code
FL 33174

500059962075
09/27/05--01010--011 **450.10

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *8/31/05*

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	JOSE A VALDES	8821 WEST FLAGLER STREET	MIAMI, FL 33174

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/05

Date

986.208 0063

Daytime Phone #

CR2E081 (01/05)

282

Miami, August 31st, 2005

To: Florida Department of State
Secretary of State
Division of Corporation

From: Benefica Medical Center, Inc.

Reference: Reinstatement of Corporation.

Attached you will find an internet downloaded form, and a check in the amount of \$450.00, for filling a Corporation Reinstatement, due to the fact that we never receive the Uniform Business Report form, for filling the 2003; 2004 or 2005 UBR.

Our Corporation never starts business until this month August 2005, and we will appreciate your help in order to get our company active, the one that we are trying to start and conduct according to the laws of the United States of America and the State of Florida.

I will appreciate your help on this matter.

Sincerely



Jose A Valdes
President
Benefica Medical Center, Inc.