

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 8:00



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000114649

1. Corporation Name

MADELEINE RODRIGUEZ-ALONSO, MD, PA.

2. Principal Office Address

10281 SUNSET DRIVE

Suite, Apt. #, etc.

101

City & State

MIAMI

Zip

33173

Country

3. Mailing Office Address

10281 SUNSET DRIVE

Suite, Apt. #, etc.

101

City & State

MIAMI

Zip

33173

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/24/02

5. FEI Number

11-3661456

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

MADELEINE RODRIGUEZ-ALONSO

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

10281 SUNSET DRIVE

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33173

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

11/03/03

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	MADELEINE RODRIGUEZ-ALONSO	10281 SUNSET DRIVE # 101	MIAMI, FL 33173

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/03

Daytime Phone #

CR2E081 (10/02)

2072

Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

November 3, 2003

Division of Corporations
Annual Reports/Reinstatements

P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Madeleine Rodriguez-Alonso, MD, PA. – FEI # 11-3661456

Gentlemen,

Please find enclosed application for reinstatement for above corporation along with \$150 check payable to Department of State.

The above corporation was incorporated last year. The Uniform Business Report in question is the first return to be filed for this corporation.

The registered agent never received an original application to file at the beginning of the year at the mailing address on file.

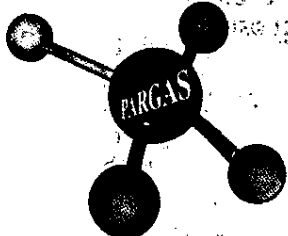
Please consider the above as reasonable cause and process this reinstatement application as submitted to you.

Respectfully,



Carlos B. Pargas, C.P.A.

Enclosures



7700 N. Kendall Drive • Suite 515 • Miami, Florida 33156
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Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,
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Tax Division and Personal Financial Planning Division
Visit us on the web: www.pargascpas.com