

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000124771

REINSTATEMENT 03-04

1. Corporation Name

OSCAR W. FARRONAY, MD, PA.

2. Principal Office Address

5210 Linton Blvd.
Suite, Apt. #, etc. 204

3. Mailing Office Address

5210 Linton Blvd.
Suite, Apt. #, etc. -204

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip 33484 Country USA

Zip 33484 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

11-22-2002

5. FEI Number

01-0755204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name

ALBERTO MIQUEL

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

1695 FLORIDA MARGO RD.

Suite, Apt. #, Etc.

SUITE 3

City

WEST PALM BEACH

State

FL

Zip Code

33406

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]

Date

12/01/04

REGISTERED AGENT MUST SIGN

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
Director	<u>OSCAR W. FARRONAY</u>	<u>5210 Linton Blvd. Suite 204</u>	<u>DELRAY BEACH, FL 33484</u>
ADMINISTRATOR	<u>MARICELA FARRONAY</u>	<u>5210 LINTON BLVD #204</u>	<u>DELRAY BEACH FL 33484</u>

700043214477
12/06/04--01053--017 **300.00

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)(f), 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] OSCAR W. FARRONAY

Date

(561) 638 3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)

292

SOUTH FLORIDA NEUROLOGICAL INSTITUTE

Oscar Willy Farronay, MD, PA

5210 LINTON BLVD. SUITE 204

DELRAY BEACH FL 33484

PHONE (561) 638 - 3839

FAX (561) 638 - 3379

December 01, 2004

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P. O. BOX 6327

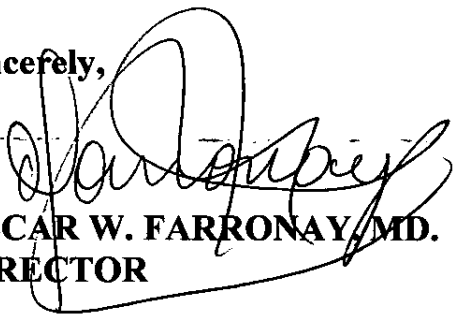
TALLAHASSEE, FL. 32314

REFERENCE : OSCAR W. FARRONAY, MD, PA.
DOCUMENT NUMBER : P02000124771
TAX ID NUMBER : 01 - 0755204
REINSTATEMENT

To Whom It May Concern :

Enclosed please find a check for \$ 300.00 (Check No. 1871, Wachovia Bank) to pay for the 2003 and 2004 Annual Reports. We never received the original notice for this year or last.

Sincefely,



OSCAR W. FARRONAY, MD.
DIRECTOR

OF/rt.