


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W05D00024225	
DOCUMENT # 902000128405			
1. Corporation Name Ana M. Alvarez Lucinto M.D. P.A.			
2. Principal Office Address 6800 S.W. 92nd St Suite, Apt. #, etc.		3. Mailing Office Address 6800 S.W. 92nd St Suite, Apt. #, etc.	
City & State Miami, FL Zip 33156 Country USA		City & State Miami, FL Zip 33156 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/5/2002		5. FEI Number 51-0483376 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Retina M. Rivero			
Street Address (P.O. Box Number is Not Acceptable) 2699 South Bayshore Dr Suite, Apt. #, Etc. Sixth Floor			
City Miami		State FL	Zip Code 33133
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 Retina M. Rivero REGISTERED AGENT MUST SIGN Date 4/20/05			
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
Pres	Ana M. Alvarez-Lucinto	6800 S.W. 92nd St.	Miami, FL 33156
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: Ana M. Alvarez-Lucinto, MD		Date 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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