

To: +1 (850) 205-0384
Subject:


From: Patricia Tadlock

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 DEC -4 4:47

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000069534			
1. Corporation Name Associated Medical Works of South FL, Inc.			
2. Principal Office Address 434 S.W. 12th Avenue		3. Mailing Office Address 434 S.W. 12th Avenue	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33130	Country USA	Zip 33130	Country USA

REINSTATEMENT 05-06
CR2E081 (12/06)

4. Date Incorporated or Qualified To Do Business in Florida 06/23/2003	
5. EEI Number 753121304	Applied For <input type="checkbox"/> 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 Estol, Jose Raul	
Street Address (P.O. Box Number Is Not Acceptable) 434 S.W. 12th Avenue	
Suite, Apt. #, Etc. Suite 400	
City Miami	State FL
Zip Code 33130	

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

Date 12/4/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. D. S	Estol, Jose Raul	434 S.W. 12th Avenue, Suite 400	Miami, FLorida 33130

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 contained in Chapter 119, 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

Daytime Phone #

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001141.60997

CORPORATION REINSTATEMENT

ASSOCIATED MEDICAL WORKS OF SOUTH FL, INC.

Certificate of Status	0
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