

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -7 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200104429842
06/15/07--01047--009 **500.00

REINSTATEMENT

CR2E081 (1/07) *06/07*

DOCUMENT # P03000078910

1. Corporation Name

LEIVA MEDICAL CONSULTANTS INC

2. Principal Office Address - No P.O. Box #

10300 SW 22 ST

3. Mailing Office Address

10300 SW 22 ST

Suite, Apt. #, etc.

UNIT # 4607 G

Suite, Apt. #, etc.

UNIT # 4607 G

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2003

5. FEI Number

26-0301165

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
ANTONIO LEIVA

Street Address (P.O. Box Number is Not Acceptable)
10300 SW 22 ST

Suite, Apt. #, Etc.
UNIT # 4607 G

City
MIAMI

State
FL

Zip Code
33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Antonio Leiva

REGISTERED AGENT MUST SIGN

Date 06-06-07

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	ANTONIO LEIVA	10300 SW 22 ST UNIT # 4607 G	MIAMI FL 33165

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:

Antonio Leiva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-07

Date

Daytime Phone #