




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO 3000083077</u>			
1. Corporation Name Alonso Medical Services, Inc			
2. Principal Office Address 14928 SW 38 Terrace		3. Mailing Office Address 14928 SW 38 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33185	Country USA	Zip 33185	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 07/29/2003		5. FEI Number 75-3125198	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Ivon Alonso			
Street Address (P.O. Box Number is Not Acceptable) 14928 SW 38 Terrace			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33185
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 02/01/05	
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
P	Ivon Alonso	14928 SW 38 Terrace	Miami, FL 33185
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:  Ivon Alonso		Date 02/01/05	Daytime Phone # 786-419-5236

FILED
05 FEB -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT NY-05

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