

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 AM 11:57

DOCUMENT # P03000087361

1. Corporation Name

FRATERNITY MEDICAL GROUP, INC.

2. Principal Office Address
17100 COLLINS AVE

Suite, Apt. #, etc.

SUITE 207

City & State

SUNNY ISLES BEACH, FL

Zip
33160

Country
US

3. Mailing Office Address
17100 COLLINS AVE

Suite, Apt. #, etc.

SUITE 207

City & State

SUNNY ISLES BEACH, FL

Zip
33160

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 08-08-2003

5. FEI Number
20-0141679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name
GEORGES VALME

Street Address (P.O. Box Number is Not Acceptable)
17100 COLLINS AVE

Suite, Apt. #, Etc.
SUITE 207

City
SUNNY ISLES BEACH

State
FL

Zip Code
33160

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

Georges Valme

REGISTERED AGENT MUST SIGN

Date OCTOBER 19, 2004

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 | GEORGES VALME | 17100 COLLINS AVE SUITE 207 | SUNNY ISLES BEACH, FL 33160 |
| S | CURTIS D. GORDON | 17100 COLLINS AVE SUITE 207 | SUNNY ISLES BEACH, FL 33160 |
| | | | |
| | | | |
| | | | |
| | | | |

2000042369668
11/01/04--01086--019 **150.00

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)(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:

Georges Valme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2004

Date

Daytime Phone #

CR2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



GEORGES VALME
PRESIDENT