

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133664

1. Corporation Name

SAN Diego Medical Center INC.

800042079678
10/21/04--01070--002 **158.75

2. Principal Office Address

820 EAST 4th AVE

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

Country

33010

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-17-2003

5. FEI Number

27-0071377

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

YOSVANY GONZALEZ

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

820 EAST 4th AVE

Suite, Apt. #, Etc.

City

Hialeah, FL

State

FL

Zip Code

33010

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

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
PD	YOSVANY GONZALEZ	820 EAST 4th AVE	HIALEAH, FL 33010

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:

Y/G/F
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-04 (305) 345-7448

Date

Daytime Phone #

CRCE081 (01/04)

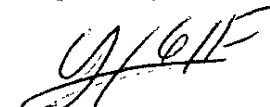
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Florida Department of State
Divisions of corporations

I am respectfully requesting your department to reinstate my corporation. I was under impression that my accountant had filed my UBR but was wrong I did not receive any notice, please except my reinstatement request.

Document # P03000133664
San Diego Medical Center Inc.
480 East 4 Ave
Hialeah, Fla 33010

Respectfully Yours



Yosvany Gonzalez