

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000039399

1. Corporation Name

ABC MEDICAL GROUP, INC

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

1393 SW 1st STREET
Suite, Apt. #, etc.
320

City & State

MIAMI, FL

Zip 33135 Country USA

3. Mailing Office Address

1393 SW 1st STREET
Suite, Apt. #, etc.
320

City & State

MIAMI, FL.

Zip 33135 Country USA

200161429922
10/07/09--01010--011 **\$8.75

REINSTATEMENT 08.05

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

03/01/2004

5. FEI Number
84-1646382

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

ALFREDO GONZALEZ

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

1393 SW 1st STREET

Suite, Apt. #, Etc.

320

City

MIAMI

State

FL

Zip Code

33135

☒ 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.

200161429922
11/12/09--01002--002 **\$900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/2/09

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
<u>MD</u>	<u>HUGO ROMEU</u>	<u>1393 SW 1st STREET</u>	<u>MIAMI, FL 33135</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 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]

10/2/09