

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000109837**

1. Corporation Name

Hialeah Advanced Life Institute, Inc.

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

14350 SW 142nd Avenue

3. Mailing Office Address

590 East 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

First Floor

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33186

Country

USA

Zip

33013-3841

Country

USA

7. Name and Address of Current Registered Agent

Name

Ralph Rocheteau

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

9360 Sunset Drive

Suite, Apt. #, Etc.

Suite #225

City

Miami

State

FL

Zip Code

33173

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

Ralph Rocheteau

REGISTERED AGENT MUST SIGN

Date 30 June 2008

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 S D	Sergio F. Cabrera	17290 SW 192nd Street	Miami, FL 33187
D	Kelly Cabrera	17290 SW 192nd Street	Miami, FL 33187
D	Joshua Dax Cabrera	17290 SW 192nd Street	Miami, FL 33187
	<i>SMB</i>		
			200132226642 07/03/08--01030--007 **1058.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio F. Cabrera

6/30/2008

Date

305.234.0836

Daytime Phone #

FILED

08 JUL -3 PM 12:40

FLORIDA DEPARTMENT OF STATE
ALLIANCE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

08/08/2005

5. FEI Number

26-2913902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.