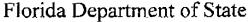
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 06 NOV -1 PM 4: 17 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P05000115185 1. Corporation Name G.B. MEDICAL CENTER INC. remistatement oc 2. Principal Office Address 3. Mailing Office Address 130 E COLONIAL DR Suile, Apt. #. etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 08/17/2005 City & State City & State 5. FEI Number Applied For ORLANDO, FL 20-3339889 Not Applicable Country Сопиру 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require 32801 for a Certificate of Status 7. Name and Address of Current Registered Agent Namo BERNAL, GONZALO O
Street Addross (P.O. Box Number is Not Acceptable) 130 E COLONIAL DR Sulle, Apt. #, Etc. Cilv State Zip Code ORLANDO, 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S. Signature of Registered Agent Date 11-1-06 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lesst 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P BERNAL, GONZALO O 130 E COLONIAL DR QRLANDO, FL 32801 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 907 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., thet 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 it made under oath. SIGNATURE: " SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ب کری



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Division of Corporations

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From

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

## **CORPORATION REINSTATEMENT**

## G.B. MEDICAL CENTER INC.

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