## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # POG DOD 1 D 7 884 1. Corporation Name		O9 MAY 20 AM 10: 27
INES MAQUILLAJE		the state of the s
PERMANENTE INC		7409000016155
2. Principal Office Address - No P.O. Box # 17861 SW 115 AVE 17861 SW 115 AVE		500148555505
Suite Apt #, etc	Suite, Apt. #. etc.	4. Date incorporated or Qualified To Do Business in Florida
City & State MIAMI FL	City & State MIAMI FL	5. FEI Number Applied For
MIAMI FL Zip 33157 USA	City & State MIAMI FL Zip 33157 USA	20-5408092     Not Applicable     6.     58.75 Additional Fee required
		CERTIFICATE OF STATUS DESIRED
7. Name and Address of Current Registered Agent         Name         Image: Imag		The reinstatement fee is imposed, except in circumstances which the entity did not receive
17861 SW 115 AVR		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.
City MIAMI	State Zip Code FL 33/57	
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 REGISTERED AGENT MUST SIGN Date 3/3//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 Ea Officer and/or Direc	
P/D INES LOPEZ	17861 SW 115	AVE MIANI FL 33157
		50014955550r
		05/20/0901013015 ***8.75
REINSTATEMENT 07 - 09 KS		
		\$00148555505
		05/20/0901013016 **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 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 3/3/09 786 290 4294 Date Daytime Phone #		