

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 AUG 21 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051346

1. Corporation Name

MED-SCHOOL FOR KIDS, INC.

2. Principal Office Address

7835 GRAND CANAL DR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

U.S.A.

3. Mailing Office Address

7835 GRAND CANAL DR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

U.S.A.

**REINSTATEMENT** 03-08

4. Date Incorporated or Qualified To Do Business in Florida

7/22/1993

5. FEI Number

650429218

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

MARIANO G. JIMENEZ

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

7835 GRAND CANAL DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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 8/15/06

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>P</u>	<u>JESUS G. JIMENEZ M.D.</u>	<u>12540 OAK ARBOR LN</u>	<u>BOYTON BEACH, FL. 33436</u>
<u>S</u>	<u>MARIANO G. JIMENEZ</u>	<u>7835 GRAND CANAL DR.</u>	<u>MIAMI, FL. 33144</u>
			<u>800079226618</u> <u>08/29/06--01056--012 **608 75</u>

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

8/15/06  
Date

Daytime Phone #

MED-SCHOOL FOR KIDS, INC

2/2

August 15, 2006

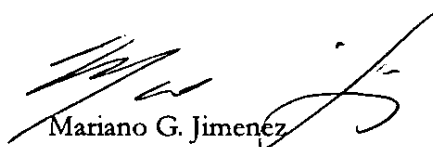
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32134

Dear Sir or Madam:

Attached please find a corporation reinstatement form and a check for \$608.75. I ask that you please waive the reinstatement fee since for that reason that annual report notices have not been received. I appreciated your consideration in this matter.

Thanking you in advance,

Sincerely,



Mariano G. Jimenez  
Med-School for Kids, Inc.  
Secretary