

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002405

1. Corporation Name

TRAUMA & FAMILY MEDICAL CENTER, INC.

2. Principal Office Address

2123 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

3. Mailing Office Address

2123 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

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

01/11/1994

5. FEI Number

65-0460234

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

GOMEZ, MARIA A.

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

10002 NW 5th LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

Maria A. Gomez

Date

REGISTERED AGENT MUST SIGN

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
VP	MARTINEZ, ORESTE A.	1080 SW 25th AVE.	MIAMI FL
P	GOMEZ, MARIA A.	10002 NW 5th LANE	MIAMI FL

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*****400.00 *****400.00

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, that all fees owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maria A. Gomez

MARIA A. GOMEZ PRES.

Date

4/27/01

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)