		DI FASE REA	FRINI IIA CIA	TRITCTI	chis.	REFORE (OMPLETI	ING THIS FORM	l
	PLICAT FOR STATE	ION '	FLORID		RTMEN 3. Mor ry of S	NT OF STATE tham tate		FILED	
DOCUMENT # P94000040905							97 MAY 14 PM 12: 50		
		in Medic			>, -	Inc.	Ť	SECRETARY OF ST ALLAHASSEE, FL	ATE DRIDA
	Miam	5.W. 40 i, FL 3	3165 - 33:	3 8.	3000	F	REINST	ATEMENT	96-97
	Address, If Applicable	nformation and enter correction below.			4. Date Incorp To Do Busin	DO NOT WRITE IN THIS 8 prated or Qualified ness in Florida	SPACE.		
Suite, Apt. #, etc Suite, Apt. # City & State City & State				, etc.			5. FEI Number	55MQ	Applied For Not Applicable
Zip		Country	Zip		Country	,	6.		.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Ac	l dresses of Each Office Name of Office		rida nonprofi		tions must list at lea	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Title(s)	Mart	and/or Director	5	Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4 11401 5W 40 St. #38 Miami, FL. 33165.3338 Min				4	. 33165-3338
							\$00002184 -05/20/97-0 ****585.00		01037 015
								-05/20/97 ****336.1	-01037-016 9 ****330.00
Martha Medero 11401 Sw. 40St. #338 MiAMI, FL. 33165-3338						9. Name and Address of New Mogistered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being Signature o Registered		le registered agent of the	Du)	oration, am fa		ith and accept the c	obligations of Secti	on 607.0505, F.S. Date 4//8/	97
11. Do De	oes this ept. of R	corporation p levenue unde	ay any intang S. 199.032,	gible tax Florida	to th Stat	e utes. Yes	No [ide for information angible tax.)
12. do he	reby certify t	hat the information supp	blied with this filing is	voluntarily fu	rnished	and does not qualif	y for the exemption	on stated in Section 119.07(3	(k), Florida Statutes. I re-

lease the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oat.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #