

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 19 AM 9:12

DOCUMENT # **P94000059799**

1. Corporation Name

JOSE CARRO, MD, PA

REINSTATEMENT 03-05

2. Principal Office Address

7000 SW 97 AVE

3. Mailing Office Address

4635 GRANADA BLVD

Suite, Apt. #, etc.

SUITE 116

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

CORAL GABLES, FL

Zip

33173

Country

Zip

33146

Country

CR2E081 (8/05)

12/13/05 01054 009 473.75

4. Date Incorporated or Qualified To Do Business in Florida

1994

5. FEI Number

65-0512759

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

JOSE CARRO, MD

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

7000 SW 97 AVE

Suite, Apt. #, Etc.

SUITE 116

City

MIAMI

State

FL

Zip Code

33173

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

Jose Carro

REGISTERED AGENT MUST SIGN

Date

12/9/05

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
P	JOSE CARRO, MD	4635 GRANADA BLVD	CORAL GABLES, FL 33146

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 under section 119.07(3)(l), 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

Jose Carro (JOSE CARRO, MD)

Date

12/09/05 (305) 273-0808

Daytime Phone #

Rest...

2/2

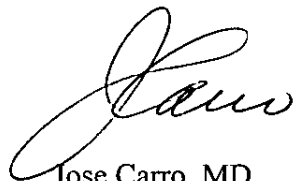
December 9, 2005

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Per our telephone conversation today, please find enclosed the completed Corporation Reinstatement Form as well as the payment amount requested. The bank had incorrectly returned the check for the 2003 UBR which I believed had been resolved by the bank with reinstatement. Please find a copy of the letter from the bank's officer explaining their mistake. Since I had not received the renewal forms, I failed to realize that subsequent years were also pending. Please accept my apologies for this error. I remain eternally grateful for your understanding and assistance with this matter. Wishing you a very happy holiday season I remain

Sincerely yours,



Jose Carro, MD
4635 Granada Blvd.
Coral Gables, FL 33146

Phone (305)273-0808