

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067196

1. Corporation Name *DADE MEDICAL Center, Inc.*

2. Principal Office Address

*780 Le Jeune Rd
318*

3. Mailing Office Address

P.O. Box 351233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami FLA

Zip

33126

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/09/1994

5. FEI Number

650522754

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

Wilson Lopez

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

6284 SW 26 St

Suite, Apt. #, Etc.

City

Miami FLA

State

FL

Zip Code

33135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/1/02

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	Wilson Lopez	P.O. Box 351233	Miami, FLA 33135
	<i>[Signature]</i>	<i>P.O. Box 351233</i>	<i>700008722037</i>
			<i>10/31/02--01002--023 **15.00</i>

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 or individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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]

10/1/02 786-256-1507

September 30, 2002

Zel

Department Of State
Division Of Corporations
Corporate Filings
Po. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

I have had this corporation since 1994, but was unaware that I had to file yearly, and I never recieved any paper from the division of corporations. Please excuse my ignorance in this matter. I moved from the location listed in my articles of incorporation, I called the division of corporation and they told me to do an explanation letter explaining what had happened. They told me that I can only get the waiver of the corporation one time. I would like to request a waiver of the corporate reinstatement fee. Thank you for your time and your coperation.

Sincerely,
Ara Perez

