APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 15 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082617

1. Corporation Name

GRANADA TRAUMA & MEDICAL, INC.

Principal Place of Business	Mailing Address
5200 S.W. 8TH ST. #200 MIAMI FL 33134	5200 S.W. 8TH ST. #200 MIAMI FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1994 SP

5. FEI Number: 65-0535898 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SANTAMARIA, ARACELY	4281 S.W. 6TH TERRACE	MIAMI FL 33134
SD	SANTAMARIA, ARLENE	4281 S.W. 6TH TERRACE	MIAMI FL 33134
			100003021791---2 -10/22/99--01014--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SANTAMARIA, ARACELY
4284 S.W. 5TH TERRACE
MIAMI FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Aracely Santamaria Date: 10-9-95
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed 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 oath.

SIGNATURE: Aracely Santamaria 10-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019079 CI

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PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-94000082617

1. Corporation Name
GRANADA TRAUMA & MEDICAL INC.

Principal Place of Business
5200 SW 8 ST (#200)
MIAMI, FL. 33134

Mailing Address
5200 SW 8 ST (#200)
MIAMI, FL. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/10/94
4. FEI Number	65-0535898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5200 SW 8 ST	26 5200 SW 8 ST
22 (Suite) Apt. #, etc. 203	27 (Suite) Apt. #, etc. 203
23 City & State MIAMI, FL.	28 City & State MIAMI, FL.
24 Zip 33134 25 Country	29 Zip 33134 30 Country

9. Name and Address of Current Registered Agent
SANTAMARIA, ARACELI
4281 SW 5TH TERRACE
MIAMI, FL. 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Araceli Santamaria* ARACELI SANTAMARIA 10/14/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ARACELI SANTAMARIA	1.2 NAME	ARACELY
STREET ADDRESS	4281 S.W. 5 TERR	1.3 STREET ADDRESS	4281 SW (5TH) TERR.
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ARLENE SANTAMARIA	2.2 NAME	ARLENE SANTAMARIA
STREET ADDRESS	4281 SW 5 TERR	2.3 STREET ADDRESS	4281 SW (5 TH) TERR
CITY-ST-ZIP	MIAMI, FL. 33134	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Araceli Santamaria* ARACELI SANTAMARIA 10/14/99 305-444-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Granada Trauma and Medical Inc.

5200 S.W. 8th Street • Suite 203 • Miami, FL 33134 • Telephone: (305) 448-1325 • Fax: (305) 448-1396

October 14, 1999

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, Florida 32399

Attn: Reinstatement Division

We have enclosed the reinstatement form along with the $750.00 fee, please note that on previous filings, your office made a typographical error. The following information should be corrected.

Aracely Santamaria ---SHOULD BE SPELLED---- Araceli Santamaria, with an I at the end.
4281 SW 6 Terrace---SHOULD BE---4281 SW 5 Terrace, Number 5, (fifth) Terrace, for both Arlene and Araceli Santamaria.

Please make these minor corrections and reinstate as soon as possible.

Thank you for your assistance in this matter and if you have any questions please call our office at (305) 444-9700, fax (305) 529-2529.

Respectfully yours,

Araceli Santamaria