

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
 98 DEC 31 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000021204**

1. Corporation Name
VICENTE F. FRANCO, M.D., P.A.

Principal Place of Business 1890 SW 57TH AVE SUITE 107 MIAMI FL 33155 US	Mailing Address 1890 SW 57TH AVE SUITE 107 MIAMI FL 33155 US
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see below



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

2. New Principal Office Address, If Applicable 1884 S.W. 57th Ave.	3. New Mailing Office Address, If Applicable 1884 S.W. 57th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL.	City & State Miami FL.
Zip 33155 Country USA	Zip 33155 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/15/1995	
5. FEI Number 65-0568984	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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
P	FRANCO, VICENTE F VICENTE F.	1890 SW 57TH AVE SUITE 107 1884 SW 57 Avenue Miami, Fla. 33155	MIAMI FL 33155
			100002730111--7 01/05/99 01036 001 ****150.00 150.00
			1087 12/31

8. Name and Address of Current Registered Agent

FRANCO, VICENTE F
 1890 SW 57 AVE
 SUITE 109
 MIAMI FL 33155

9. Name and Address of New Registered Agent

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

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 *Vicente F. Franco* **REQUIRED** Date 12-29-98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(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: *Vicente F. Franco* **REQUIRED** 12-29-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2ED40 (9/96)

VICENTE F. FRANCO, M.D. P.A.
1884 SW 57TH AVENUE
MIAMI, FLORIDA 33155

December 30, 1998

Florida Department of State
Secretary of State
Attention: Sean Toner
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Vicente F. Franco, M.D., P.A./Letter Number: 798A00059751


Dear Mr. Toner:

Thank you for your letter dated December 21, 1998. Enclosed please find our Annual Report as well as our check in the amount of \$150.00 payable to your office representing the annual report dues.

Your office should receive this letter on Thursday, December 31, 1998, therefore, the additional \$150.00 which would be due on January 1, 1999 per your letter shall not be assessed.

Should you have any questions concerning the enclosed document please feel free to call me.

Sincerely yours,


Anna Garcia
Secretary

ag/
Encls.