

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 JUN 25 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034615

Corporation Name

LOURDES MEDICAL AND DIAGNOSTIC CLINIC, INC.

Principal Place of Business

Mailing Address

1325 S.W. 1 Street  
Miami, Florida 33135

1325 S.W. 1 Street  
Miami, Florida 33135

REINSTATEMENT

97-98  
00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip Country

4 Date Incorporated or Qualified To Do Business in Florida 05/02/95

5 FFI Number 65-0576997

Applied For Not Applicable

6 CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Name and Address of President, Officer or Director (Florida non-profit corporations must list all officers/directors)

D,P,T Federico A. Dumenigo

3 1325 S.W. 1 Street

4 Miami, Florida 33135

D,S Francisco M. Dumenigo

3 1325 S.W. 1 Street

4 Miami, Florida 33135

100002576111-4

06/30/98-01046-010

\*\*\*\*900.00 \*\*\*\*900.00

8 Name and Address of Current Registered Agent

Francisco M. Dumenigo

1325 S.W. 1 Street  
Miami, Florida 33135

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

*Francisco M. Dumenigo*  
REGISTERED AGENT MUST SIGN

Date 4/27/98

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 to this department have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.073(n), F.S. The information contained in this application is true and correct, and my signature shall have the same legal effect as if made under oath.

Francisco M. Dumenigo, Director

4/27/98

(305) 649-9518

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #