1 of 2

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
07 JAN -3 AM 11:04

DOCUMENT # P95000038212

1. Corporation Name
Professional Medical Associates, Inc.

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
6595 NW 36 Street	6595 NW 36 Street
Suite, Apt. #, etc 306-A	Suite, Apt. #, etc 306-A
City & State Miami, Florida	City & State Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/1995

5. FEI Number: 65-0577855 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Amount due if certificate is requested)

7. Name and Address of Current Registered Agent

Name: Martin Bogus, Jr.

Street Address (P.O. Box Number Is Not Acceptable): 3300 NE 191st Street,

600083763496
01/09/07--01009--023 **150.00

Suite, Apt. #, Etc.: Unit 413

City: Aventura State: FL Zip Code: 33180

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: 12/28/2006

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,V,T,S	Jorge Huici Rojas	6595 NW 36 St, Ste 306A	Miami, Florida 33166

600083763496
01/09/07--01009--024 **300.00

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 contained in Chapter 119, 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] 12/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #