PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED DOCUMENT # Y95000050654 98 AUG -3 PM 4: 25 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GMMG, Inc. Principal Place of Business Mailing Address Miami, FL 33129 If above addresses are incorrect in any way, tine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida
June 28, 1995 c/o Hall & Hedrick c/o Hall & Hedrick Suite, Apt. #, etc. 25 S.E. Suite Apt. #, etc. 25 S.E. 2nd Ave.#1105 2nd Ave. #1105 5. FEI Number Applied For City & State City & State 65-0596268 Not Applicable Miami, Florida Florida Miami, \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 33131_{--} 33131 🕳 🗀 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip and/or Directors Pres. Dir. Juan M. Bolet, MD 3661 S. Miami Ave. <u>Miami, FL **3**3133</u> Pete Garcia, MD VP&Dir. 3661 S. Miami Ave. Miami, FL 33133 Sec.&Dir. Augusto Tirado, MD 9011 SW 10 Terr. Miami, FL 33174 Treas &Dir. Charles Virgin, MD 2700 SW 3rd Ave. Miami, FL **3**3129 000260**8**683-Suite 1-B -08/05/98-**--**01120---005 ****%37**03.2**5** ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent M. Lewis Hall, Jr., Esq. Stanley H. Kuperstein, Esq. 1428 Brickell Ave. Street Address (P.O. Box Number is Not Acceptable) 6th floor c/o Hall & Hedrick, 25 S.E. 2nd Ave. Suite, Apl. #, Etc. Miami, FL 33131 Swite 1105 State Zip Code <u> Miami</u> 33131 10. I, being appointed the registered and tof the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent MUST SIGN 11. This corporation owes or has paid the current year has not paid tax. (See other side for information Intangible Personal Property tax due June 30. 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: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davlime Phone #