


ATTENTION MICHELLE MILLICAN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAR 28 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

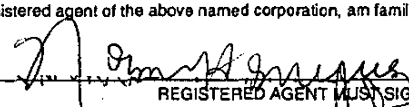
DOCUMENT # 795000060213			
1. Corporation Name NORMA HENRIQUEZ, M.D., P.A.			
25100 GOLDCREST DRIVE 25100 GOLDCREST DRIVE			
2. Principal Office Address 25100 GOLDCREST DRIVE		3. Mailing Office Address 25100 GOLDCREST DRIVE	
Suite, Apt. #, etc. UNIT 122		Suite, Apt. #, etc. UNIT 122	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34134	Country USA	Zip 34134	Country USA

8/19/04 01038 004 \$750.00
11/04/05 01045 003 \$308.75

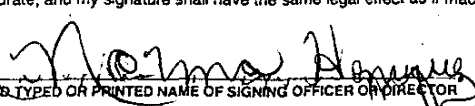
4. Date Incorporated or Qualified To Do Business in Florida 08/01/95	
5. FEI Number 65-0597919	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name NORMA HENRIQUEZ, M.D.	
Street Address (P.O. Box Number is Not Acceptable) 25100 GOLDCREST DRIVE	
Suite, Apt. #, Etc. UNIT 122	
City BONITA SPRINGS	State FL Zip Code 34134

REINSTATEMENT

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  REGISTERED AGENT (MUST SIGN)	Date MAR 07 2005

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, T	NORMA HENRIQUEZ, M.D.	25100 GOLDCREST DR., UNIT 122	BONITA SPRINGS, FL 34134

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date MAR 07 2005 39-595-6338 Daytime Phone #