

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
(2002 & 2003)**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076377

1. Corporation Name

RAINBOW OB-GYN, INC.

700020250247
05/29/03--01011--026 **\$900.00

REINSTATEMENT 02-03

2. Principal Office Address

8080 W FLAGLER ST.

3. Mailing Office Address

Suite, Apt. #, etc.

S-2A

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33144

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0611508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARMANDO DE LA TORRE

Street Address (P.O. Box Number is Not Acceptable)

7415 SW 93RD AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33010

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 4/28/03

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
VP/D	ARMANDO DE LA TORRE	7415 SW 93RD AVENUE	MIAMI, FLORIDA 33010
P/D	FRANCISCO G. TUDELA, JR.	9370 BALADA STREET	CORAL GABLES, FL 33156

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

ARMANDO DE LA TORRE

4/28/03

Date

Daytime Phone #

CR2E081 (10/02)

5/22