

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT 1997</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50px; left: 50px;">97 PAR</p> <p style="text-align: right;">FLORIDA DEPARTMENT OF STATE B. Morham Division of Corporations</p>		<p>FILED</p> <p>97 AUG 21 AM 11:19</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P96000000124</p> <p>1. Corporation Name P & V PARCIAL HOSPITAL PROGRAM, INC.</p>																															
<p>Principal Place of Business</p> <p>11300 N.W. 87 CT Suit 147 Av HIALEAH GARDENS, FL 33016</p>		<p>Mailing Address</p>																													
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																															
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida 01/02/1996</p> <p>5. FEI Number 65-0658417</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 35%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>MARLENY PARRA</td> <td>1284 W 38 Place</td> <td>Hialeah, FL 33012</td> </tr> <tr> <td>VP</td> <td>JUAN VALDES</td> <td>1284 W 38 Place</td> <td>Hialeah, FL 33012</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	MARLENY PARRA	1284 W 38 Place	Hialeah, FL 33012	VP	JUAN VALDES	1284 W 38 Place	Hialeah, FL 33012																
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<p>8. Name and Address of Current Registered Agent</p> <p>MARLENY PARRA 1284 W 38 Place Hialeah, FL 33012</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code</p> <p style="text-align: right;">FL</p>																													
<p>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.</p> <p>Signature of Registered Agent <i>M Parra</i> Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																															
<p>SIGNATURE: <i>M Parra</i></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p style="text-align: right;">Date Daytime Phone #</p>																															

CR25040 (12/95)