

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027269**

1. Corporation Name

METROMED OF MIAMI, INC.

Principal Place of Business

12510 KENDALL DRIVE
MIAMI FL 33186

Mailing Address

12510 KENDALL DRIVE
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

5. FEI Number

65-0674813

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
1	2	3	4
Dir/Pres	Oscar L. Hernandez	12510 N. Kendall Drive	Miami, Florida 33186
Dir/Pres	Regina Stone	12510 N. Kendall Drive	Miami, Florida 33186
Dir/Pres	Regina Stone	12510 N. Kendall Drive	Miami, Florida 33186
Dir/Secy.	Regina Stone	12510 N. Kendall Drive	Miami, Florida 33186

6000002858296-2
-11/26/97-01094-025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PARISH, DAVID F
200 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name **Oscar L. Hernandez**
Street Address (P.O. Box Number is Not Acceptable)
12510 Kendall Drive
Suite, Apt. #, Etc.
Miami
City
State **FL** Zip Code **33186**

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/20/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

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:



SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97 305 279 1515

Daytime Phone #