PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -9 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028630

1. Corporation Name

Master Medical & Asociates, Corp

2. Principal Office Address	3. Mailing Office Address
1134 SW 139 CT	1134 SW 139 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33184 Country: Miami-Dade	Zip: 33184 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 4/02/96

5. FEI Number: 65-0663999 ☐ 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

200054680852
05/17/05--01036--026 **500.00

Name: Julio P Punales

Street Address (P.O. Box Number is Not Acceptable): 1134 SW 139 CT

99-05

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33184

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.

200054680852
05/17/05--01036--027 **500.00

Signature of Registered Agent _____ Date 05/05/2005

REGISTERED AGENT MUST SIGN

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	Julio Punales	1134 SW 139 CT	Miami FL 33184
			200054680852 05/17/05--01036--028 **500.00
			200054680852 05/17/05--01036--029 **150.00

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: _____ 5/5/05 (786)357-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #