2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000039506							FILED				
DR. JORGE TRAVIESO, M.D., P.A.							05 NOV -4 PM 12: 23				
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Principal Place of Business				Mailing Address			SECKLIARY OF STATE TALLAHASSEE, FLORIDA				
2369 W-52 ST Hialeah, Fl 33016 US				2369 WEST 52 ST Hialeah, Fl 33016 US				IALL	MIIMO -		
								B 1818 8701 8810 8811 8811			
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		10252005	REIN-P	CR2E098 (6/04)			
City & State				City & State			4. FEI Numb			optied For	
Zip	Country			Zip		ntry		of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re			stered Agent	ered Agent		7. Name and	I Address of New Re			
TRAVIESO, JORGE						Name					
2369 WEST 52 ST HIALEAH, FL 33016						Street Address (P.O. Box Number is Not Acceptable)					
						City	Ch				
8 The above	named entit	ty submits this statem	pool for the	number of changing its	rogieto	1	arod agget or be	th in the Class of Flor	FL Zip Cod		
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of control applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$750:00											
		ree is \$750.00 106, Fee will be \$	900.00								
10.	l n	OFFICERS	AND DIRE				ADDITIONS	L /CHANGES TO OFFIC	CERS AND DIRECTOR		
TITLE NAME	D TRAVIES	O, JORGE		☐ Delete	TITI NA				Change	Addition .	
STREET ADDRESS CITY-ST-ZIP	2369 W-5	52ST I, FL 33016				REET ADDRESS Y-ST-ZIP	00006 11 82360 11/07/0501003020 **758.75				
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CITY-ST-ZIP						Y-ST-ZIP					
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CITY-ST-ZIP					_	Y-ST-ZIP			A		
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NAME Street Address					NAM Str	ME REET ADDRESS		1	111		
CITY-ST-ZIP	and the state of	o iolomoti · · · ·	and contains one	Citing along the control of the control		Y-ST-ZIP			<u> </u>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acturals and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like expressions.											
		acilihen with an ago	ness, with a					1.1			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR Oaylune Phone #											