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RECEIVED MAY 09 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

FILED
05 MAY -2 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066346

1. Corporation Name

D. DE La Vega MD P.A.

2. Principal Office Address

3200 SW 128th AVENUE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

U.S.

3. Mailing Office Address

3200 SW 128th AVENUE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1996

5. FEI Number

65-0681728

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

DE La Vega, Dagoberto

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

3200 SW 128th AVENUE

Suite, Apt. #, Etc.

City

Miami

State

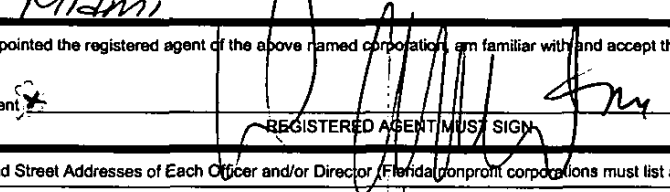
FL

Zip Code

33175

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



Date

4/28/05

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 |
|--------|--------------------------------------|---|--------------------|
| DPST | DE La Vega, Dagoberto | 3200 SW 128 th AVENUE | Miami, FL 33175 |
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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

Date

4/28/05

Daytime Phone #

(305) 298-9100

CR2E081 (01/05)