PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -7 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/06--01011--019 **1200.00

DOCUMENT # P96000086336

1. Corporation Name
SALOMON MITRANI-SEVY, M.D., P.A

REINSTATEMENT CR2E041(1/05) 03-06

2. Principal Office Address	3. Mailing Office Address
9829 S.W. 40TH ST	3120 S.W. 139TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33165 Country: USA	Zip: 33175 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/1996

5. FEI Number: 65-0706365 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SALOMON MITRANI-SEVY

Street Address (P.O. Box Number is Not Acceptable): 3120 S.W. 139TH AVE

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: [signature] Date: 1/29/06

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/D	SALOMON MITRANI-SEVY	3120 S.W. 139TH AVE	MIAMI, FLA 33175
V-P/D	HILDA MITRANI	3120 S.W. 139TH AVE	MIAMI, FLA 33175

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 contained in Chapter 119, 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] SALOMON MITRANI-SEVY PRESIDENT 1/29/06 305-226-7411

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

B. Mitchell FEB 7 2006