

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000091127

1. Corporation Name
 MIAMI SHORES PAIN RELIEF CENTER, P.A.

2. Principal Office Address
 1948 N.E. 123rd Street
 Suite, Apt. #, etc. Suite 103
 City & State N. MIAMI, FL. 33181
 Zip 33181 Country U.S.

3. Mailing Office Address
 1948 N.E. 123rd Street
 Suite, Apt. #, etc. Suite 103
 City & State N. MIAMI, FL. 33181
 Zip 33181 Country U.S.

FILED
 01 SEP -4 AM 8:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business In Florida 11/06/1996

5. FEI Number 65-0705408
 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 **MOSS, RUBEN R. D.C.** 200004588552--0

Street Address (P.O. Box Number is Not Acceptable) 1948 N.E. 123rd Street -05/14/01-01043-007
 Suite, Apt. #, Etc. Suite 103 ****900.00 ***900.00

City **N. MIAMI** State **FL** Zip Code **33181**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0603, F.S.

Signature of Registered Agent *[Signature]* Date **8/16/2001**

REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
President	Ruben R. Moss	1948 NE 123rd St Suite 103	N. Miami, FL 33181

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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]* Date **8/16/2001** (305) 897-1119
 SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #

CREATED WITH