

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 APR 17 AM 10:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000092145

1. Corporation Name
NATIONAL PODIATRIC NETWORK, INC.

Principal Place of Business	Mailing Address
11401 SW 40th. St. Ste. 110 Miami, FL 33165	11401 SW 40th. St. Suite 100 Miami, FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3621 SW 107th. Ave. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 3621 SW 107th. Ave. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/08/96
City & State Miami, Florida	City & State Miami, Florida	5. FEI Number* 65-09964814 Applied For Not Applicable
Zip 33165 Country USA	Zip 33165 Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *agoo*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Sone, Manuel	3621 SW 107th. Ave.	Miami, FL 33165

800003222588-2
 04/25/00 01029 005
 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Sone, Manuel
 11401 SW 40th. St.
 Suite 110
 Miami, FL 33165

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3621 SW 107th. Ave.
 Suite, Apt. #, Etc.
 City
Miami State **FL** Zip Code **33165**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Manuel Sone* REGISTERED AGENT MUST SIGN Date **4/14/00**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *Manuel Sone* **MANUEL SONE** **4/14/00** **KE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)