

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 PM 2:45

DOCUMENT # P97000028782

1. Corporation Name

American Clinic Systems, Inc.

2. Principal Office Address

6001 SW 86th street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143-8149

Country

U.S.A.

3. Mailing Office Address

6001 SW 86th street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143-8149

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3436149

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

Romano, Jose

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

6001 SW 86th street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143-8149

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06/13/01-01005-017

***308.75 ***308.75

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

José Romano
REGISTERED AGENT MUST SIGN

Date 5.8.01

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
D	ROMANO, José	6001 S.W. 86th street	Miami, FL 33143-8149
			AD

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:

José Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/01 (305) 740-6342

Daytime Phone #

CR2E081 (9/99)