

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


APPROVED  
AND  
FILED

05 MAY 23 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

@  
REINSTATEMENT 04-05

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000054986

1. Corporation Name  
NOEL E. DELGADILLO, M.D., P.A.

2. Principal Office Address 8700 N KENDALL DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 218		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33176	Country MIAMI-DADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/23/1997

5. FEI Number 65-0762226 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  
NOEL E DELGADILLO, M.D.

Street Address (P.O. Box Number is Not Acceptable)  
8700 N KENDALL DRIVE

Suite, Apt. #, Etc.  
SUITE 218

City  
MIAMI

State  
FL

Zip Code  
33176

600055855126  
06/07/05--01049--006 \*\*300 00

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 4-29-05

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
D	NOEL E DELGADILLO, M.D.	8700 N KENDALL DRIVE, STE. 218	MIAMI, FL 33176

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] Noel E. Delgadillo, M.D.

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

Date 4-29-05 Daytime Phone # (305) 273-1344

CR2E081 (01/05)