

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

*01-DAUBR*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

DOCUMENT # P97000062620

1. Corporation Name

Julio G. Calderon, M.D., PP.A.

2. Principal Office Address

9480 S.W. 77 Avenue

3. Mailing Office Address

9480 S.W. 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33156

City & State

Miami, FL 33156

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/18/97

5. FEI Number

65-0770020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

700004917207--8

-02/13/02--01104--010

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue, Enc Floor

Suite, Apt. #, Etc.

2nd Floor

City

Coral Gables,

State

FL

Zip Code

33134

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

1/28/02

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	Julio G. Calderon	9480 S.W. 77 Avenue	Miami, FL 33156

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:

*Julio G. Calderon MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Julio G. Calderon, M.D.

1-29-02

Date

(305) 595-1616

Daytime Phone #

CR2E081 (9/01)