


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>	 <p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: right;">FILED 99 NOV 10 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT 1999</p> <p style="text-align: center; font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</p>																				
<p><b>DOCUMENT # P98000021064</b></p> <p>1. Corporation Name ARMANDO ANGULO MD, PA.</p>																						
<p>Principal Place of Business 4022 ESTEPONA AVE MIAMI, FL. 33178</p>																						
<p>Mailing Address 4999 W 8 AVE SUITE 26 HIALEAH, FL. 33012 US</p>																						
<p>2. New Principal Office Address, if Applicable 4999 W 8 AVE SUITE 26 HIALEAH, FL. 33012 US</p>		<p>3. New Mailing Address, if Applicable 4999 W 8 AVE SUITE 26 HIALEAH, FL. 33012 US</p>																				
		<p>4. Date Incorporated or Qualified To Do Business in Florida 3/5/98</p>																				
		<p>5. FEI Number 65-0819508</p>																				
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status</p>																				
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>ARMANDO ANGULO, MD</td> <td>9737 NW 41 ST #357</td> <td>MIAMI, FLORIDA 33178</td> </tr> <tr> <td>VSD</td> <td>LELYS ANGULO</td> <td>9737 NW 41 ST #357</td> <td>MIAMI, FLORIDA 33178</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			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	PD	ARMANDO ANGULO, MD	9737 NW 41 ST #357	MIAMI, FLORIDA 33178	VSD	LELYS ANGULO	9737 NW 41 ST #357	MIAMI, FLORIDA 33178								
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<p>8. Name and Address of Current Registered Agent ARMANDO ANGULO MD 4022 ESTEPONA AVE MIAMI, FL. 33178</p>		<p>9. Name and Address of New Registered Agent Name: ARMANDO ANGULO MD Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41 ST Suite, Apt. #, Etc.: #357 City: MIAMI State: FL Zip Code: 33178</p>																				
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.</p> <p>Signature of Registered Agent: <i>Armando Angulo</i> Date: 11/8/99 REGISTERED AGENT MUST SIGN</p>																						
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																						
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																						
<p>SIGNATURE: <i>Armando Angulo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>11/8/99 (305) 620-5355 Date Daytime Phone #</p>																				