PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 23 PM 3 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000 28969*

1. Corporation Name

PARK PLAZA MEDICAL MANAGEMENT, INC.

300008840123
11/06/02--01126--022 **500.00

2. Principal Office Address

1735 NW 7th St

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip *33125* Country *U.S.A*

3. Mailing Office Address

1735 NW 7th St

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip *33125* Country *U.S.A*

4. Date Incorporated or Qualified To Do Business in Florida *3-30-98*

5. FEI Number *65-0823196* | 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 *MAGALYS B LASO.*

Street Address (P.O. Box Number is Not Acceptable) *12060 SW 118 St*

Suite, Apt. #, Etc.

City *MIAMI* | State **FL** | Zip Code *33186*

300008840123
11/06/02--01126--021 **58.75

300008840123
11/06/02--01126--023 **500.00

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 _____

REGISTERED AGENT MUST SIGN

Date *10-22-02*

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
Pres	*MAGALYS B. LASO*	*12060 SW 118 St*	*MIAMI, FL 33186*

REINSTATEMENT 00-CU 1178

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10-22-02*

Daytime Phone #