PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~ 2000 OLURR

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

FILED
01 MAY -1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036617

1. Corporation Name

PASOS DEL RIO INCORPORATED

Principal Place of Business	Mailing Address
916 SW 67 AVE MIAMI FL 33144	916 SW 67 AVE MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

500004324385--1
-05/29/01--01008--018
****300.00 ****300.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/1998

5. FEI Number: 65-0836299 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DELRIO, FRANKLIN	9210 SW 11TH ST	MIAMI FL 33174
VP	GUILLENO, DELRIO	13386 SW 52ND ST.	MIAMI FL 33175
S	DELRICO, JUAN MD	3191 SW 132 PL	MIAMI FL 33175
S	DELRICO, ROBERTO	218 SUNMERFIELD CIR.	GROVETOWN GA 30813
SH	ESPINOSA, ROBERTO MD	4949 W. MORSE	SKOKIE IL 60067
T	DEL RIO, MARIO	3192 SW 122RD PL	MIAMI FL 33175

8. Name and Address of Current Registered Agent

DEL RIO, FRANKLIN DDS
916 SW 67 AVE
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Franklin Del Rio — REGISTERED AGENT MUST SIGN

Date: 4-27-01

11. 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 the 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: Franklin Del Rio — FRANKLIN DEL RIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 — Date

(305) 266-4071 — Daytime Phone #

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Del Rio and Associates P. A.

Franklin & Guillermo Del Rio DDS
Temporomandibular Disorders
916 S.W. 67th Ave.
Miami FL 33144

Phone (305) 266-4071
Fax (305) 266-4149

April 6, 2001

To whom it may concern:

Please disregard all penalties for paper were never received.

Thank You

Mario Del Rio