

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000038380**

1. Corporation Name

MEDCORP HEALTH SYSTEMS, INC.

2. Principal Office Address

2301 SW 9TH STREET

Suite, Apt. #, etc.

2

City & State

MIAMI, FLORIDA

Zip

33135

Country

DADE

3. Mailing Office Address

2301 SW 9TH STREET

Suite, Apt. #, etc.

2

City & State

MIAMI, FLORIDA

Zip

33135

Country

DADE

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 28, 1998

5. FEI Number

650833176

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

OMAR J. ARCIA, Esq.

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

251 LE JEUNE ROAD

Suite, Apt. #, Etc.

MEZZANINE 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

REGISTERED AGENT MUST SIGN

Date

3/21/03

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
P/T	IRANIS RODRIGUEZ	2301 SW 9TH STREET	MIAMI, FL 33135
Y	PATRIA GIRALDEZ	2301 SW 9TH STREET	MIAMI, FL 33135

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03/27/03--01059--007 **900.00

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

03/24/03

Daytime Phone #

305-642-8986

CR2E081 (10/02)

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