

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039073

1. Corporation Name

montaneer medical Center, INC.

2. Principal Office Address

1901 NW 17 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33125

Country

USA

City & State

FL

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650851332

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500010069445
01/14/03--01038--001 **308.75

7. Name and Address of Current Registered Agent

Name

Ernesto Montaneer

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

1901 NW 17th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

Ernesto Montaneer

REGISTERED AGENT MUST SIGN

Date 1/10/2003

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
PD	Montaneer, Ernesto Sr	1901 NW 17th Ave	Miami, FL / 33125
VD	Montaneer, Ernesto Jr	1901 NW 17th Ave	Miami, FL / 33125

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

Ernesto Montaneer

Date

1/10/2003

Daytime Phone #

(305) 326-7777

CR2001 (10/02)

gr 1/15

MONTANER MEDICAL CENTER


January 10, 2003

Department of State
Division of Corporation
409 East Gainstreet
Tallahassee FL 32399

Dear Sir or Madam:

I just spoke to an examiner about not receiving any notices in reference to the corporation, he explained to me write this letter to you expressing the situation and to include a check for \$ 300.00 and the corporation reinstatement form. I am also including \$ 8.75 for a copy of the Certificate of Status.

Sincerely,



Ernesto Montaner Jr
Vice President