

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000050470

1. Corporation Name

MIGUEL A. LOPEZ-VIEGO, M.D., P.A.

Principal Place of Business

2623 S. SEACREST BOULEVARD
 SUITE 118
 BOYNTON BEACH FL 33435

Mailing Address

2623 S. SEACREST BOULEVARD
 SUITE 118
 BOYNTON BEACH FL 33435

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

2. New Principal Office Address, if Applicable

2623 S. Seacrest Blvd
 Suite 118A
 Boynton Bch, FL
 33435 USA

3. New Mailing Office Address, if Applicable

2623 S. Seacrest Blvd
 Suite 118A
 Boynton, Bch FL
 33435 USA

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1998

SP

5. FEI Number

65-0888143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Annual 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|------------------------|
| PSTD | LOPEZ-VIEGO, MIGUEL A M.D. | 2623 S. SEACREST BOULEVARD, SUIT 118A | BOYNTON BEACH FL 33435 |
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000003060510--9
 -12/03/99--01095--011
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

LAVENDER, JOEL R ESQ
 507 S.E. 11TH COURT
 FORT LAUDERDALE FL

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

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

[Signature] **REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 11/3/99

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 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

REQUIRED

10/1/99 (561)
 736-8200
 Date Daytime Phone #

FILED
 99 NOV 22 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR28240 (8/99)