

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 18 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004416852--2
-06/13/01--01012--009
***\$900.00 ***\$300.00

DOCUMENT # P 98000099397

1. Corporation Name

Doctor's Preferred Center Inc

2. Principal Office Address

7171 CORAL WAY

Suite, Apt. #, etc.

210

City & State

MIAMI FL

Zip Country

33155 USA

3. Mailing Office Address

7171 CORAL WAY

Suite, Apt. #, etc.

210

City & State

MIAMI FL

Zip Country

33155 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0878376

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

(HID) TINA L ROSARIO

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

9421 FOUNTAINEBLEAU BLV. #

Suite, Apt. #, Etc.

114

City

MIAMI

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/17/01

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	Hilda Gonzalez	8290 LAKE DR #228	MIAMI FL 33166
VP	TINA L ROSARIO	9421 FOUNTAINEBLEAU #114	MIAMI FL 33172

REINSTATEMENT 00-01

TS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/01

Daytime Phone #

CR2E081 (9/00)