PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

900024025859
11/04/03--01036--003 **150.00

DOCUMENT # P99000015869

1. Corporation Name

PROVIDER ASSURANCE, INC.

Principal Place of Business	Mailing Address
5001 SW 74 CT 209 MIAMI FL 33155	PO BOX 562405 MIAMI FL 33256-2405

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4345 SW 72 AVE	
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.:
City & State: Miami Florida	City & State: Same
Zip: 33155 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/18/1999

5. FEI Number: 65-0897389 ☐ 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
PD	REINET, JOSE A	5001 SW 74 CT # 209 4345 S.W 72 Ave # A	MIAMI FL 33155
V	MACHADO, MAYDA	5001 SW 74 CT # 209 4345 SW 72 Ave # A	MIAMI FL 33155
S	ALBA-MACHADO, TATIANA M	5001 SW 74 CT # 209 4345 SW 72 Ave # A	MIAMI FL 33155
T	ALBA-MACHADO, RAPHAEL J	5001 SW 74TH CT. #209 4345 SW 72 Ave # A	MIAMI FL 33155
		900024025859 10/22/03--01070--023 **600.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALBA REINET, JOSE PRES 5001 SW 74 CT 209 MIAMI FL 33155	Name: ALBA REINET, JOSE Street Address (P.O. Box Number is Not Acceptable): 4345 SW 72 AVE Suite, Apt. #, Etc.: A. City: MIAMI State: FL Zip Code: 33155

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE [signature] Date: 10/15/03
REGISTERED AGENT MUST SIGN

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 [signature] Jose Alba Reinet 10/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #