

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA99000036730

1. Corporation Name

CCL medical center INC

2. Principal Office Address - No P.O. Box #

4266 N.E. 16 ST.

Suite, Apt. #, etc.

City & State

Homestead Fla.

Zip

33033

Country

USA

3. Mailing Office Address

416014 Mi.

Suite, Apt. #, etc.

City & State

Miami Beach, Fla.

Zip

33141

Country

USA.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

4/22/99

5. FEI Number

65-0947055

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 Nelson Garrido

7285 N. AUGUSTA DR.

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

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33015

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nelson Garrido

REGISTERED AGENT MUST SIGN

Date 06/25/2008

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
President	Nelson Garrido	7285 N. Augusta Dr.	Hialeah Fla. 33015

600132465866
07/08/08--01014--012 **450.00

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 contained in Chapter 119, 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:

Nelson Garrido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/2008

Date

Daytime Phone #