

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 1:32

CORPORATION
REINSTATEMENT

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

DOCUMENT # P99000087451

1. Corporation Name

Pacific Health Center Inc.

2. Principal Office Address

7811 Coral way

Suite, Apt. #, etc.

135

City & State

miami Fl.

Zip

33155

Country

U.S.

3. Mailing Office Address

7801 Coral way

Suite, Apt. #, etc.

105

City & State

miami Fl.

Zip

33155

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/99

5. FEI Number

650951780

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

Akemy Dominguez

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

15551 S.W. 155 Ct.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33187

500004657675--2

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****308.75 ****308.75

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

Akemy D. J.

Date 10/25/01

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
|--------|--------------------------------------|---|--------------------|

| | | | |
|--------|-----------------|--------------------|----------------|
| Pres/D | Akemy Dominguez | 15551 S.W. 155 Ct. | miami Fl 33187 |
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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:

Akemy D. J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01 (786) 251-0424

Date

Daytime Phone #

292

PACIFIC HEALTH CARE CENTER

7811 CORAL WAY - SUITE # 135

MIAMI, FLA. 33155

Phone #: (305) 269-9948

10/23/01

Division of Corporations

P.O. Box 6327

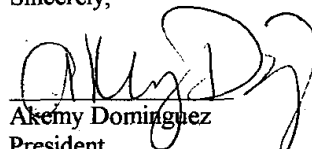
Tallahassee, FL 32314

Reg: Pacific Health Center
Tax ID # 650951782

To Whom It May Concern:

We were informed today 10/23/01 by our financial institution that our corporation is currently inactive. We proceeded to contact the department of corporation in Tallahassee at (850) 488-9000. We were told that a letter was sent to us by mail in regards to our corporation renewal. As of November 1999 we have been sharing our facility with another corporation. Our office manager never received any notification of the renewal, we assume the mail was misdirected or discarded without our knowledge. We have not been successful in finding this notice and we hope we will be able to renew our corporation at this time. We apologize for any inconvenience this may have caused. To avoid any further mishaps, any correspondence regarding this corporation may be directed to 7801 Coral Way Suite #105 Miami FL 33155. Once again we apologize for any inconvenience and we thank you in advance for your prompt attention to this matter.

Sincerely,


Akemy Dominguez
President

If you should have any questions please feel free to contact me at (305) 265-4040