

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAR 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/03/03--01013--015 **1508.75

REINSTATEMENT 98-03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S 21114			
1. Corporation Name VICENTE A. RODRIGUEZ, M.D., P. A.			
2. Principal Office Address 4751 W. 4 TH. AV.		3. Mailing Office Address 4751 W. 4 TH. AV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33012	Country	Zip 33012	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/27/1990	
5. FEI Number 65-0235304	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name VICENTE A. RODRIGUEZ	
Street Address (P.O. Box Number is Not Acceptable) 4751 W. 4TH. AV.	
Suite, Apt. #, Etc.	
City HIALEAH	State FL
Zip 33012	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent: *Vicente A. Rodriguez* Date: 3/6/03

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
D. P. S. T.	VICENTE A. RODRIGUEZ	5877 SW 123 AV.	MIAMI, FL 33183

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: *Vicente A. Rodriguez* VICENTE A. RODRIGUEZ 03/06/2003 (305)5585504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

3/27