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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 15 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22651

1. Corporation Name

Maria C. San Jorge, M.D., P.A.

2. Principal Office Address 2560 RCA Blvd.		3. Mailing Office Address 2560 RCA Blvd.	
Suite, Apt. #, etc. Suite 113		Suite, Apt. #, etc. Suite 113	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA

700037946937
06/15/04--01004--006 **600.00

REINSTATEMENT 01-01

4. Date Incorporated or Qualified To Do Business in Florida 1/2/1991

5. FEI Number 65-0252495	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Maria C. San Jorge

Street Address (P.O. Box Number is Not Acceptable)
2560 RCA Blvd.

Suite, Apt. #, Etc.
Suite 113

City Palm Beach Gardens	State FL	Zip Code 33410
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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 Maria C. San Jorge Date 5/1/04
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	Maria C. San Jorge	1070 Siena Oaks Circle East	Palm Beach Gardens, FL 33410

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: Maria C. San Jorge Date 5/1/04 Daytime Phone # 561-626-5790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (01/04)

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Maria C. San Jorge, M.D.
2560 RCA Blvd.
Suite 113
Palm Beach Gardens, Fl. 33410
(561) 626-5790

May 1, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I respectfully request that you waive the reinstatement fee for our corporation. We did not receive our annual report after we moved to our new location. We moved shortly after doing the annual report for the year and when the new report was sent it might not have been forwarded. Enclosed is a check for \$600.00 which should cover 4 years, from 2001 to the present.

Thank you for your assistance in this matter.

Sincerely,

Maria C. San Jorge
Maria C. San Jorge, M.D.
