


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 30 PH 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S29084

1. Corporation Name
MAYORGA CARDIOLOGY ASSOCIATES, PA
1295 N.W. 14TH STREET SUITE M
MIAMI, FL 33125

2. Principal Office Address
"SAME"

3. Mailing Office Address
"SAME"

4. Date Incorporated or Qualified To Do Business in Florida 1/31/91

5. FEI Number
65-0239688

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

ALVARO MAYORGA

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

1295 N.W. 14TH STREET SUITE M

Suite, Apt. #, Etc.

State
FL

Zip Code

33125

City

MIAMI

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 *Alvaro Mayorga* Date **10-23-03**

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
P	ALVARO MAYORGA	1295 N.W. 14 STREET STB M	MIAMI, FL 33125

300024265313
10/30/03--01008--001 **150.00

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 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:

Alvaro Mayorga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-23-03**

Date

Daytime phone #

JA

MAYORGA CARDIOLOGY ASSOCIATES, P.A.

ALVARO MAYORGA-CORTES M.D., F.A.C.C.

CARDIOLOGY AND INTERNAL MEDICINE

DIPLOMATE AMERICAN BOARD
OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD
OF CARDIOVASCULAR DISEASES

VOLUNTARY PROFESSOR OF MEDICINE, CARDIOLOGY
UNIVERSITY OF MIAMI
SCHOOL OF MEDICINE

October 22, 2003

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

RE: Mayorga Cardiology Associates, PA
FEIN# 65-0239688

Dear Sir/Madam:

This letter is attached to our Corporate Reinstatement form. We are also enclosing a check in the amount of \$150. We just discovered that our Corporation was dissolved as of 9/19/03 due to no filing of the annual report. We did not receive the original report, nor the follow up notice. In researching this matter we noticed that you have listed our address as part of the City of Miami Beach. Our office is located in the City of Miami, so perhaps due to the wrong address we have not received our form. We therefore request that you waive the additional fees and accept the \$150.00 fee.

If you have any questions please do not hesitate to contact us.

Sincerely,

MAYORGA CARDIOLOGY ASSOCIATES, PA