


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 PM 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"	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		1/31/91
5. FEI Number	Applied For / Not Applicable	
65-0239688		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$975 Annual Fee required for a Certificate of Status

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.	
City	MIAMI
State	FL
Zip Code	33125

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.		Date	10-23-03
Signature of Registered Agent <i>Alvaro Mayorga</i>		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 STE M	MIAMI, FL 33125

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* **10-23-03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2R

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