


PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT



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

DOCUMENT # 831527
 1. Corporation Name
 Jose F. CASTANEDA M.D. P.A.

2. Principal Office Address 2800 S. Seavest Suite, Apt. #, etc. 106-B City & State Boynton Beach, FL Zip 33435 Country WPO		3. Mailing Office Address 2800 S. Seavest Suite, Apt. #, etc. 106-B City & State Boynton Beach, FL Zip 33435 Country WPO	
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REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida 1998	5. FEI Number 65-0245816	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOSE F. CASTANEDA M.D. P.A.

Street Address (P.O. Box Number is Not Acceptable)
2800 S. Seavest Blvd

Suite, Apt. #, Etc.
106-B

City
Boynton Beach

State
FL

Zip Code
33435

000005139940--0
03/22/02-01002-013
***1350.00 ***1350.00

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 [Signature] Date 3-2-02
 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
President	JOSE F. CASTANEDA	2800 S. Seavest	Boynton Beach FL 33435
Secretary	CAROL CASTANEDA	2800 S. Seavest	Boynton Beach, FL 33435

3/3/20

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: [Signature] JOSE F. CASTANEDA (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/2/02 Daytime Phone # 737-2085

CR2E081 (9/01)