
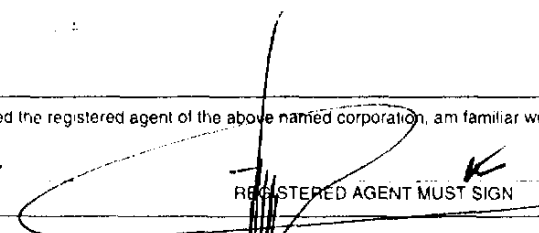
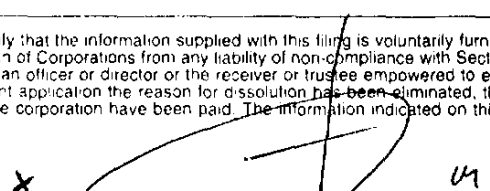


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 OCT -2 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> V37358 1. Corporation Name <b>HORACIO JORGE RODRIGUEZ-JIMENEZ, M.D., P.A.</b>		Principal Place of Business Mailing Address		DO NOT WRITE IN THIS SPACE	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		2. New Principal Office Address, if Applicable <b>3343 Old U.S. Road</b> Suite, Apt. #, etc.		3. New Mailing Address, if Applicable <b>3343 Old U.S. Road</b> Suite, Apt. #, etc.	
City & State <b>Marianna, FL</b>		City & State <b>Marianna, FL</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>May 18, 1992</b>	
Zip <b>32446</b>		Country		5. FEI Number <b>65-0360604</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$875 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PSD	Rodriguez-Jimenez, Horacio Jorge	3343 Old U.S. Road	Marianna, FL 32446		
<b>REINSTATEMENT</b>				000002660970-1 -10/09/98--01091--023 ***9850.00 ****260.00 95-98 SL 10-2-98	
8. Name and Address of Current Registered Agent <b>Horacio Jorge Rodriguez-Jimenez</b> <b>3343 Old U.S. Road</b> <b>Marianna, FL 32440</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>X</i>  REGISTERED AGENT MUST SIGN Date <b>9-22-98</b>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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: <i>X</i> 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>9-22-98</b>		

C-21 (06/98)