

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAR 19 AM 11:24

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # J45412**

ROLANDO SANCHEZ-MEDINA, M.D., INC.
 10220 S.W. 88th Street
 Miami, Florida 33176

REINSTATEMENT

98
 [Handwritten initials]

2. If Address in Block 1 is not a mailing address, enter correct address below:

Address
 City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
12/2/86

5. FEI Number
59-2809753

FEI Number Applied For
 FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status
 CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Rolando Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176
S	Gisela Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176

800002464108--8
 -03/20/98--01115--020
 ****300.00 ****900.00

REGISTERED AGENT INFORMATION

B. Name and Address of Current Registered Agent

Roland J. Sanchez-Medina
 10220 S.W. 88th Avenue
 Miami, FL 33176

9. If changed, new registered agent / office

Name
 Street Address (Do NOT Use P.O. Box Number)
 Street Address (Do NOT Use P.O. Box Number)
 City State Zip
FL.

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: *Rolando Sanchez-Medina*

Date: **Mar 12, 1998**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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 of Officer or Director: *Rolando Sanchez-Medina*

Date: **Mar 12, 1998** Daytime Phone #: **(305) 649-2133**

Rolando Sanchez-Medina, President

CR2E040 (8/92)