## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# F9

F95000003572

1. Corporation Name

## ASERETH MEDICAL SERVICES, INC.

Principal Place of Business

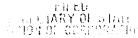
650 SIERRA MADRE VILLA

SUITE 102 PASADENA CA 91107 Mailing Address

650 SIERRA MADRE VILLA

SUITE 102

PASADENA CA 91107



99 OCT 19 PM 2: 30



Suite, Apt. #, etc. Suite, Apt.			ailing Office Address, If Applicable #, etc		4. Date Incorporated or Qualified To Do Business in Florida 07/25/1995  5. FEI Number Applied For		
							City & State
 Ф	Country	Zip	70	ountry	6. CERTIFIC		Additional Fee require Certificate of Status
. Names	and Street Addresses of Each Officer	and/or Director (Fi	lorida nonprofit c	orporations must list at	least 3 directors)	)	<del></del>
Name of Officers Title(s) and/or Directors 1 2			Street Address of Each Officer and/or Director			City / State / Zip	
CPD	TAYLOR, THERESA		650 SIERRA	A MADRE VILLA., ST	TE 102	PASADENA CA 91107	
CVST	TAYLOR, DEJUAN		650 SIERRA MADRE VILLA., STE 102		PASADENA CA 91107		
						\$11/25	***150.00
	8. Name and Address of Cur	rent Registered Ag	jent 	Name	Name and Address of New Registered Agent     Name		
MARGOLIS, KITTY 910 DOGWOOD DR., #142 DELRAY BEACH FL 33483				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
				City		FL	Zip Code
0 I, being	appointed the registered agent of the	above named corp	poration, am fam	liar with and accept the	obligations of S	ection 607.0505, F.S.	<del>-</del> -
garber Green	н Анг (	ESE CIETA DE O A	GENT MUST SIC	2N)	Date		

11. 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

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/19 (a

(020)35/-2650

Daytime Phone #



## ASERETH MEDICAL SERVICES, INC.

650 Sierra Madre Villa Avenue • Suite 102 Pasadena, California 91107 Phone: (800) 273-7384

Fax: (626) 351-3648

10/14/19

To: FRURIDA DENT of STATE

FROM: ASERETH Me I SUC INC.

SUBJECT: BRINSTATEMENT

We did not Recreved our 1999 Application
This refere we were would to RESpond, AS we
Uswolly have down in the past. The referre
we appreciate the Waiver of the Reinstatement
Free

Defrom Toy lone