

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
CPAR
 REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000003572**

99 OCT 19 PM 2:30

1. Corporation Name
ASERETH MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
650 SIERRA MADRE VILLA SUITE 102 PASADENA CA 91107	650 SIERRA MADRE VILLA SUITE 102 PASADENA CA 91107



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Old Mailing Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
		07/25/1995
Suite, Apt #, etc.	Suite, Apt #, etc.	5. FEI Number
		95-4301454
City & State	City & State	Applied For
		Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$8.75 Additional Fee required for a Certificate of Status

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	City / State / Zip
CPD	TAYLOR, THERESA	650 SIERRA MADRE VILLA., STE 102	PASADENA CA 91107
CVST	TAYLOR, DEJUAN	650 SIERRA MADRE VILLA., STE 102	PASADENA CA 91107

600000050016
 12/02/99 01052 002
 ***100.00 ***150.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARGOLIS, KITTY
 910 DOGWOOD DR., #142
 DELRAY BEACH FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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 _____ Date _____
 REGISTERED AGENT MUST SIGN

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)(l), 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: *Dejuan Taylor* 10/19/99 (629)351-3650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (8/99)



ASERETH MEDICAL SERVICES, INC.

650 Sierra Madre Villa Avenue • Suite 102

Pasadena, California 91107

Phone: (800) 273-7384

Fax: (626) 351-3648

10/14/99

TO: FLORIDA DEPT of STATE

FROM: ASERETH MEDICAL SERVICES INC.

SUBJECT: REINSTATEMENT

We did not received our 1999 Application
Therefore we were unable to respond, as we
usually have done in the past. Therefore
we appreciate the WAIVER of the REINSTATEMENT
fee

THANK AGAIN
Dejuan Taylor