

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P08000007208

1. Corporation Name

Theramed Service Corp.

800212878448  
10/04/11-01009--026 \*\*900.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

6716 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144 USA

CR2B081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

300464726

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$75. Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDITH GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

6716 W. FLAGLER ST.

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33144

FILED  
SECRETARY OF STATE  
HASSEE, FLORIDA  
OCT 4 AM 11:58

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]*

REGISTERED AGENT MUST SIGN

Date

10/3/11

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
<u>P</u>	<u>JUDITH GONZALEZ</u>	<u>6716 W. FLAGLER ST.</u> <u>Miami FL 33144</u>	

REINSTATEMENT  
2010-11

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/11

Date

Daytime Phone #