PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -5 PM 4:30

DOCUMENT # P02000110991

1. Corporation Name

A&S Medical Services, Inc

REINSTATEMENT 03-04

800025942598
01/05/04--01002--024 **308.75

2. Principal Office Address	**3.** Mailing Office Address
6595 NW 36 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
220	
City & State	City & State
Virginia Gardens, FL	
Zip / Country	Zip / Country
33166 USA	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3877439 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Fernando L De Zayas

Street Address (P.O. Box Number is Not Acceptable): 750 West 23 Street

Suite, Apt. #, Etc.:

City: Hialeah — State: FL — Zip Code: 33010

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] — Date: 12/30/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Fernando L De Zayas	750 West 23 Street	Hialeah, FL 33010
VP	Alberto De Zayas	3829 SW 99 Ave #4	Miami, FL 33165

10. 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: [signature] — 12/30/03 — (305)871-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A&S Medical Services, Inc.
6595 NW 36 Street: Suite 220 ✶ Virginia Gardens, FL 33166 ✶ (305) 871-1140

December 30, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Document Number P02000110991

To Whom It May Concern:

Please accept this letter as my official notification that I did not receive my UBR 2003 Annual Filing. Therefore, I am hereby requesting that the penalty fee be waived. I am enclosing a check in the amount of $308.75 ($150 for 2003; $150 for 2004 and $8.75 for a Certificate of Status) and the UBR Form.

Should you have any questions or need any additional information do not hesitate to contact me.

Respectfully,

Fernando De Zayas
President

Enclosure