

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
FILED
03 APR 29 AM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106159

1. Corporation Name

ROSE MEDICAL SERVICES INC.

2. Principal Office Address

8181 NW 36 ST

Suite, Apt. #, etc.

6-B

City & State

MIAMI, FL

Zip

33166

Country

DADE-USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

33166

Country

USA

700015743607
04/11/03--01013--003 **300.00
2002-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

11-02-01

5. FEI Number

65-1155992

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

AKEEM WILSON

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

16744 SW 36 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

Akeem Wilson

Date

04-APR-03

REGISTERED AGENT MUST SIGN

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
DRST	AKEEM, WILSON	1455 NW 14TH ST.	MIAMI, FL 33125

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:

Akeem Wilson

AKEEM WILSON

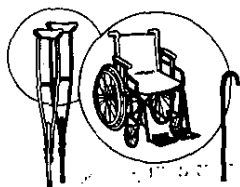
04-04-03

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E081 (8/01)



ROSE MEDICAL SERVICES, INC.

Equipment Rental & Sales - Supplies

Ph: 305-640-1156

Fax: 305-640-1157

202

Dept. of State.
Div. of Corp.
P.O. Box 6327
Tall. FL 32314

2nd April 03

Dear Sir or Madam

This letter concerns our closed corporation
Statues. We haven't received any correspondence
pre turning to this. We have sent a payment
30 Dec 02 and now we have included a payment
of \$300.00.

Thanks in advance.

AKEEM WILSON

Akeem Wilson

