

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003572

1. Corporation Name

ASERETH MEDICAL SERVICES INC.

2. Principal Office Address

257 S. FAIR OAKS AVE
Suite, Apt. #, etc.
100

3. Mailing Office Address

SAME AS OFFICE ADDRESS

Suite, Apt. #, etc.

City & State

PASADENA, CA

City & State

Zip

91105

Country

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/95

5. FEI Number

95-4301454

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

Pacific Registered Agents, Inc.

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

92 Sadberry Road

Suite, Apt. #, Etc.

City

Quincy

State
FLZip Code
32351

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

Charles F. Mathias, President

Date 9/6/2006

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
D	THERESA TAYLOR	257 S. FAIR OAKS #100	Pasadena, CA 91105
D	DEJUAN TAYLOR	257 S. FAIR OAKS #100	Pasadena, CA 91105

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 (629)445-0059

Date

Daytime Phone #