

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 22 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L91102

1. Corporation Name

MEC MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

7235 SW 24TH ST  
#214  
MIAMI FL 33155

7235 SW 24TH ST  
#214  
MIAMI FL 33155  
US

REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0210702

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CALVO, MARIA E.	13411 SW 14TH TER	MIAMI FL
			000003602830--6 -01/30/01--01/30--007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DINER, MANUEL  
141 N.E. 3RD AVENUE, SUITE 601  
MIAMI FL 33132

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

*Manuel Diner*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 01/17/01

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)(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:

*Manuel Diner*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01 305-265-0357