

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 APR 10 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-02

**DOCUMENT # M08572**

**1. Corporation Name**

EXTRA-CORPOREAL SPECIALTIES, INC.

**2. Principal Office Address**

13951 SW 105th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

**3. Mailing Office Address**

13951 SW 105th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/03/1984

**5. FEI Number**

59-2472134

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

FRANK MORA

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

13951 SW 105th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

000005418730 -- 7  
-05/01/02--01085--014  
\*\*\*\*300.00 \*\*\*\*300.00

**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

Date

4-3-02

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	FRANK MORA	13951 SW 105th STREET	MIAMI, FLORIDA 33186

**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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-3-02

Date

X 305-387-0164

Daytime Phone #

CR2E081 (9/01)