

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004399

1. Corporation Name

Professional Medical Consultant Services, Inc.

2. Principal Office Address

549 Palmetto Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

U.S.A.

Zip

Country

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

11/3/00

5. FEI Number

65-0973216

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

Ana Ricolt

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

549 Palmetto Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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]

REGISTERED AGENT MUST SIGN

Date

4/30/03

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
Pres.	Ana Ricolt	549 Palmetto Drive	Miami, FL 33166

500018022195
05/04/03--01/09--019 **300.00

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]

Ana Ricolt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

(305) 345-6196

549 Palmetto Drive
Miami Springs, Fl. 33166
(305) 345-6196

Professional Medical Consultant Services, Inc.

April 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter shall confirm that I have not to date received the Uniform Business report for my corporation for the year 2002 or 2003. I have been in contact with the reinstatement office and I was advised that this letter and the attached corporation reinstatement along with a \$300.00 check.

I look forward to hearing from your office as soon as possible in reference to the reinstatement of my corporation for the 2002 and 2003 years.

If there are any questions please feel free to contact me.

Sincerely,



Ana Ricolt
President