

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC -2 PM 2:35

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017023

1. Corporation Name

ADVANCE MEDICAL TECHNIQUE, INC

2y  
12-4-07

2. Principal Office Address - No P.O. Box #  
2009 SW 67 AVE

3. Mailing Office Address  
2009 SW 67 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33155

Country  
US

Zip  
33155

Country  
US

REINSTATEMENT 02-07

4. Date Incorporated or Qualified  
To Do Business in Florida 02/14/2000

5. FEI Number  
65-0987450

☐ 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  
BLANCA R. ENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
17073 SW 142ND PLACE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33177

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*B. Julias*

Date 11/20/2007

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
P	SERAFIN DURAN	1819 SE 37 PLACE	OCALA, FL 34420
			000112844780 12/05/07--01009--004 **500.00
			000112844780 12/05/07--01009--005 **500.00
			000112844780 12/05/07--01009--006 **500.00

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 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:

*Serafin Duran*

11/20/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #