

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 11 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P000000 83297

1. Corporation Name

JML Professional Medical Services, Inc.

200035847682  
05/11/04--01010--005 \*\*150.00

200035847682  
05/11/04--01010--004 \*\*150.00

03-04

2. Principal Office Address

14068 NW 88th Pl.

3. Mailing Office Address

14068 NW 88th Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

Miami Lakes, FL

City & State:

Miami Lakes, FL

Zip

Country

33018 USA

Zip

Country

33018

4. Date Incorporated or Qualified To Do Business in Florida

9/1/00

5. FEI Number

05-1036672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JM Janet LIMA

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

14068 NW 88th Pl.

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33018

REINSTATEMENT

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

Janet Luma

REGISTERED AGENT MUST SIGN

Date 5/4/04

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	LIMA, Janet	14068 NW 88th Pl.	Miami Lakes, FL 33018
VP	Molina, Gladys	14068 NW 88th Pl.	Miami Lakes, FL 33018

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:

Janet Luma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

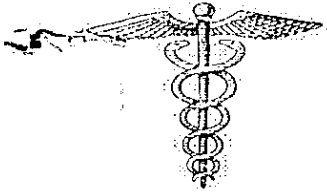
5/4/04

Daytime Phone #

CR2E081 (01/04)

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20f2



*JML Professional Medical Services, Inc.*

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May 6, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Reinstatement

To Whom It May Concern:

For the passed two years I have not received any forms for me to submit with a fee. I have had a change of address so please make a note of this.

With this letter I would like to request if the reinstatement fee could be waived since I never received notice or any forms.

I have enclosed \$300.00 to cover 2003 and 2004. I greatly appreciate this.

If you have any questions please do not hesitate to call me at (305) 824-1093.

Thank you in advance.

Sincerely,

Janet Lima