

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 83297**

1. Corporation Name

JML Professional Medical Services, Inc.

2. Principal Office Address

14068 NW 88th Pl.

Suite, Apt. #, etc.

City & State:

Miami Lakes, FL

Zip

33018

Country

USA

3. Mailing Office Address

14068 NW 88th Pl.

Suite, Apt. #, etc.

City & State:

Miami Lakes, FL

Zip

33018

Country

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

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

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

9/1/00

5. FEI Number

03-1036672

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

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 Lima

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 Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/04

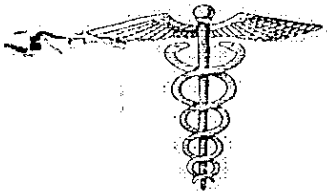
Daytime Phone #

1082

03-04

CR2001 (01/04)

6



20f2

JML Professional Medical Services, Inc.

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,

A handwritten signature in cursive script that reads "Janet Lima".

Janet Lima