

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # P00000087291  
1. Corporation Name LIDIA R.N. SERVICES, INC.

2. Principal Office Address: 1655 West 56 Street  
3. Mailing Office Address: #B224

Suite, Apt. #, etc. Apartment #B224  
Suite, Apt. #, etc.

City & State Hialeah - Florida  
City & State

Zip 33012 Country Dade  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1052285  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  50.75 Additional Fee Required for Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name LIDIA MARK  
Street Address (P.O. Box Number is Not Acceptable) 1655 West 56 Street  
Suite, Apt. #, Etc. Apartment B224  
City Hialeah  
State FL Zip Code 33012

400024267124  
10/23/03--01011--020 \*\*150.00

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 *Lidia Mark*  
REGISTERED AGENT MUST SIGN  
Date 10/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LIDIA MARK	1655 West 56 Street #B224 Hialeah, Fla. 33012	Hialeah, Fla. 33012

REINSTATEMENT 03

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)(f), 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: *Lidia Mark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/23/03  
Daytime Phone #