

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 MAR -8 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088913

1. Corporation Name

MEDICAL SERVICE CENTER OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8410 W. FLAGLER STREET
SUITE 210
MIAMI FL 33144

8410 W. FLAGLER STREET
SUITE 210
MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

60-1041509

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIAZ, LOURDES	8410 W. FLAGLER STREET	MIAMI FL 33144
D	GUEVARRA, ALEXANDER	8410 W. FLAGLER STREET	MIAMI FL 33144
			500005194335--0 -04/05/02--01017--016 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, LOURDES
4070 S.W. 99 AVENUE
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-19-2002.

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIAZ 2-19-2002 (305) 551-7887

CR2E040 (8/01)