

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 27 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021442

1. Corporation Name

**R.V MEDICAL SERVICES INC.**

**REINSTATEMENT** 02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

**6595 NW 36 ST**

3. Mailing Office Address

**4065 NORTH HAVERHILL RD**

Suite, Apt. #, etc.

**302**

Suite, Apt. #, etc.

**B-3 # 206**

City & State

**MIAMI**

City & State

**WEST PALM BEACH**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/28/2001**

5. FEI Number

**26-1563015**

Applied For

Not Applicable

Zip

**33166**

Country

**DADE**

Zip

**33417**

Country

**PALM BEACH**

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**CLARA SANTIESTEBAN**

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

**6595 NW 36 ST**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33166**

☒ 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

*Clara Santiesteban*

REGISTERED AGENT MUST SIGN

Date **12/13/2007**

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| DPST   | CLARA SANTIESTEBAN                   | 6114 BLUE GRASS CIRCLE                            | LAKE WORTH, FL 33463 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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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:

*Clara Santiesteban*

CLARA SANTIESTEBAN

12/13/2007

(561)598-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

nc 12/27