

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023270

1. Corporation Name

ANA MEDICAL SERVICES, INC.

2. Principal Office Address

17150 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 101-314

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

3. Mailing Office Address

17150 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 101-314

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2001

5. FEI Number

59-3705735

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

ALEXANDER PRIGODA

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

6 VIA BELLANO

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

Alexander Prigoda

Date 01/28/2003

REGISTERED AGENT MUST SIGN

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
D	PRIGODA, ALEXANDER	6 VIA BELLANO	PALM COAST, FL 32137
D	KRUPP, ALEX	445 NEPTUNE AVENUE	BROOKLYN, NY 11224

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:

Alexander Prigoda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003

Date

(954) 854-5036

Daytime Phone #

CR2E081 (10/02)