

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000025199**

1. Corporation Name

**MILLENium Medical Recovery
Services, Inc**

2. Principal Office Address

1281 E 10 Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#50

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33010

Country

US

Zip

Country

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

03-09-2001

5. FEI Number

05-1113589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

MARICEL Gomez

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

3751 SW 141 Ave

300014691489

03/25/03--01082--004 **900.00

Suite, Apt. #, Etc.

City

MIRAMAR, FL 33027

State
FL

Zip Code

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

Manuel Gomez

REGISTERED AGENT MUST SIGN

Date

3/19/03

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	MARICEL Gomez	3751 SW 141 Ave	MIRAMAR, FL 33027

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:

Manuel Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (305) 883 3338

Daytime Phone #

20 41