

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -8 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052549

1. Corporation Name

G.I.O Medical Services

2. Principal Office Address

730 W. Hallandale Beach Blvd

Suite, Apt. #, etc.

H

City & State

Hallandale FL

Zip

33009

Country

US

3. Mailing Office Address

730 W. Hallandale Beach Blvd

Suite, Apt. #, etc.

H

City & State

Hallandale FL

Zip

33009

Country

US

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

5-25-2001

5. FEI Number

65-7707641

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

JUAN M. TORRES

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

730 W. Hallandale Beach Blvd

Suite, Apt. #, Etc.

H

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date 7-01-03

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
P/M	JUAN M. TORRES	226 SIDONIA AVE #3 CORAL GABLES FL 33134	

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:

JUAN M. TORRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-01-03

Date

786-488-4318

Daytime Phone #

CR2E081 (10/02)

To Whom it may concern:

This letter is to explain you that we never received the 2002 Uniform
Busines Report because this was mailed to 1455NW 14th st, not to my business address:

730 West Hallandale beach Blvd.
Suite H
Hallandale FL 33009

The UB report was sent to the law offices that assisted us in applying for
my corporation. We were not aware of the UB report and never informed by the law
office. Unaware of the Up report, payment was never sent and the Corporation fell to
inactive status. If there any questions, fell free to contact me at 786-488-4318.

Sincerely,



Juan Torres