

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086543

1. Corporation Name

Y & B MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

1455 NW 14TH ST
MIAMI FL 33125

1455 NW 14TH ST
MIAMI FL 33125

[Handwritten signature]

REINSTATEMENT 2002

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

2. New Principal Office Address, If Applicable

8720 S.W. 9th Terr.

3. New Mailing Office Address, If Applicable

8720 S.W. 9th Terr.

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

U.S.A.

Zip

33174

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

5. FEI Number

651137742

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	BANGO, YELENIS	1455 NW 14TH ST	MIAMI FL 33125
D	BANGO, YELENIS	1455 NW 14TH ST	MIAMI FL 33125

9000009439459

12/10/02--01074--016 **750.00

8. Name and Address of Current Registered Agent

BANGO, YELENIS
1455 NW 14TH ST
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

Bango, yelenis

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

260 NW 107th Av # 102

Suite, Apt. #, Etc.

Mia FL 33174

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/03/02

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/02

Date

Daytime Phone #

(786)4433262

CR2E040 (8/02)