

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



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

02 DEC -2 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087854

1. Corporation Name

D.R. America Medical Services, Inc.

300009013113  
11/15/02--01010--005 \*\*158.75

2. Principal Office Address

5979 NW. 151st.

3. Mailing Office Address

5979 NW. 151 street

Suite, Apt. #, etc.

Suite 233

Suite, Apt. #, etc.

Suite 233

City & State

Miami Lakes FL

City & State

Miami Lakes FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-06-2001

5. FEI Number

65-1136507

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

Rene Hernandez

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

12062 NW. 91 PL.

Suite, Apt. #, Etc.

City

Hialeah Gardens

State

FL

Zip Code

33018

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 11-13-2002

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
PD	RENE HERNANDEZ	12062 N.W. 91 PL.	HIALEAH GARDENS FL 33018

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-2002

Date

Daytime Phone #

CR2081 (9/01)

pg 2 of 2

November 12, 2002

From: D.R. America Medical Services, Inc.  
5979 N.W. 153<sup>rd</sup> Street Suite 233  
Miami Lakes, Fl. 33014

To: Florida Dept of State  
Corporate Reinstatement Dept.  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Reinstatement Fees

Dear Sir/ Madam, We opened a corporation a year ago "D.R. America Medical Services, Inc" for the purpose of conducting business in Florida. For the pass year we have been trying to obtain all the licenses and now that the corporation has almost all the required licenses (state, city, county) for the trade of business we find out that the corporation is not active due to non-payment of annual report. After careful review of the facts, we found out that the mailing address is incorrect and as result we never received any Notice of Payment.

We are not very experienced running a business and as a result many things which should be commonly known by other business owners are new challenges for us.

We would like for the Dept of State to consider our case, and hopefully grant us a waiver in the reinstatement fees

Thank you for your time, if you need any additional information do not hesitate to contact us at (305) 828-2545 phone or fax (305) 828-7690

Yours truly,



Rene Hernandez