

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P02000011250

1. Corporation Name

FAMILY PHYSICIAN SERVICES INC.

2. Principal Office Address

10278 BUENA VENTURA DR

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33498

Country

US

3. Mailing Office Address

10278 BUENA VENTURA DR

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33498

Country

US

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 01/31/2002

5. FEI Number

75-2989139

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

JOSE THOMAS, C.P.A.

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

12839 NW 18 COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

4/8/04

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	AYALA, DWIGHT, M.D.	10278 BUENA VENTURA DR	BOCA RATON FLORIDA - 33498
V	AYALA, MARIANELA	10278 BUENA VENTURA DR	BOCA RATON - FLORIDA - 33498

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

Date

4/8/04 (561) 212-7022

Daytime Phone #

292

From: Dwight Ayala, M.D
10278 Buena Ventura Dr
Boca Raton, Florida 33498

To : The Florida Department of Revenue
Division of Corporation
P.O Box # 6327
Tallahassee, Florida - 32314

Sub: Reinstatement of Corporation - CSM ENTERTAINMENT INC.
P02000011250

Dear Sir / Madam:

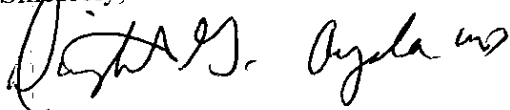
We noticed from the web site that our corporation is in inactive status due to the non-filing of UBR. Please note that we never received any reminder letter from you and the corporation is registered only on January 31, 2002 and unfortunately our Lawyer moved to another address.

Since we have not received any prior notice for UBR, We request you to please waive any additional reinstatement fee or penalty.

I hereby enclose a fee of \$ 150.00 as renewal fee and a reinstatement application form. We will do the renewal of the corporation for the year 2004 immediately after reinstating our corporation.

Should you have any questions Please call our accountant at (954) 270 7849 or myself directly at (561) 212-7022.

Sincerely,



Dwight G Ayala, M.D.
President, Family Physicians Services