

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 141.25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000022197

1. Corporation Name

NATIONAL HEALTHCARE MEDICAL SERVICES, INC.

2. Principal Office Address

18459 Pines Blvd.

Suite, Apt. #, etc.

186

City & State

Pembroke Pines, FL

Zip

33029

Country

U.S.A.

3. Mailing Office Address

9018 Balboa Blvd.

Suite, Apt. #, etc.

602

City & State

Northridge, CA

Zip

91325

Country

U.S.A

REINSTATEMENT 03-09

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

02-27-02

5. FEI Number

01-0581163

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

ZACHARY BENEBY

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

18459 Pines Blvd.

Suite, Apt. #, Etc.

186

City

Pembroke Pines

State

FL

Zip Code

33029

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

Zachary Beneby
REGISTERED AGENT MUST SIGN

Date 01-30-04

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
Pres/ CEO	Zachary Beneby	18459 Pines Blvd., #186	Pembroke Pines, FL 33029
Sec	Radames Garcia Jr.	18459 Pines Blvd., #186	Pembroke Pines, FL 33029

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:

Zachary Beneby
Zachary Beneby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-04

Date

(818) 415-0530

Daytime Phone #

CR2E081 (01/04)