

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 12 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000024714

1. Corporation Name

EXPRESS MEDICAL, INC

REINSTATEMENT *03*

2. Principal Office Address

3480 W 84 St

3. Mailing Office Address

3480 W 84 St.

Suite, Apt. #, etc.

C-104

Suite, Apt. #, etc.

C-104

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-6-02

5. FEI Number

36-4490672

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

Guillermo Suarez

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

3480 W 84 St C-104

Suite, Apt. #, Etc.

City

Hialeah

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

Guillermo Suarez
REGISTERED AGENT MUST SIGN

Date **01/06/04**

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 |
|-----------|--------------------------------------|---|--------------------------|
| Pd | Guillermo Suarez | 3480 W 84St. C-104 | Hialeah, FL 33018 |
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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:

Guillermo Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/04

Date

305-558-0428

Daytime Phone #

CR2E081 (10/02)