

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000081743

**1. Corporation Name**

All Family Medical Inc

**2. Principal Office Address**

300 SW 12 Avenue

Suite, Apt. #, etc.

Ste 3

City & State

Miami, FL

Zip

33130

Country

US

**3. Mailing Office Address**

300 SW 12 Avenue

Suite, Apt. #, etc.

Ste 3

City & State

Miami, FL

Zip

33130

Country

US

**REINSTATEMENT** 03

900025328789

12/08/03--01076--003 \*\*150.00

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

07/29/2002

**5. FEI Number**

47-0879689

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 L Huerres

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

300 SW 12 Avenue

Suite, Apt. #, Etc.

Ste 3

City

Miami

State

FL

Zip Code

33130

**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

*Jose L Huerres*

REGISTERED AGENT MUST SIGN

Date 12/03/2003

**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	Huerres, Javier	300 SW 12 Ave Ste 3	Miami, FL 33130
VD	Huerres, Jose L	300 SW 12 Ave Ste 3	Miami, FL 33130

**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:**

*Jose L Huerres* Jose L Huerres - VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/03

Date

3056494336

Daytime Phone #

CR2E081 (10/02)

December 2, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

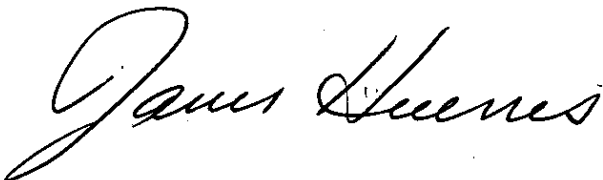
Re: P02000081743

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,



Javier Huerres  
President

