⇔PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000083380

1. Corporation Name

BEST CHOICE MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

03 DEC-31 AM 8: 33

SECRETARY OF STATE TALLAHASSEE. FLORIDA



3515 NW 96 ST MIAMI FL 33147		3515 NW 96 ST MIAMI FL 33147						
If above a	ddresses are incorrect in any way, line th	rough incorrect in	nformation and en	ter correction below.	REINS	TATEMENT	02-03	
the same of the sa			ng Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. 79 auf Suite, Apt. &			, etc.		08/01/2002 5. FEI Number Applied For			
City & State City & State City & State					6/	-1422746	Not Applicable	
Zip			I Country			FICATE OF STATUS DESIRED for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit com	porations must list at lea	ast 3 directors)		,	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
DP	CEPERO, EULOGIO	EPERO, EULÓGIO		3515 NW 96 ST		MIAMI FL 33147		
			, ,,,		· · · · · · · · · · · · · · · · · · ·			
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			<u> </u>	90		0025169146		
			900025168149 12/02/0301063015 **150.00			*150.00		
					900025168149 12/31/p301048028 **750.00			
8. Name and Address of Current Registered Agent				_	Name and Address of New Registered Agent			
		<u></u>		Name	,			
CEPERO, EULOGIO 3515 NW 96 ST				Street Address (Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33147				Sulte, Apt. #, Etc.				
				City		State FL	Zip Code	
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, am familia	ar with and accept the o	bligations of Secti	ion 607.0505, F.S. or 617.0505,	F.S.	
Signature of Registered Agent Date /D/C							03	
REGISTERED AGENT MUST SIGN								
this rein	that I am an officer or director or the rece istatement application, the reason for dist y the corporation have been paid and the	solution has been	eliminated, the c	orporate name satisfies	the requirements	of section 607.0401 or 617.040	1, F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR