

# Simply Medical Services

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 16 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # p02000085461

1. Corporation Name *Simply Medical Services*  
1455 NW 14 STREET  
MIAMI, FL 33125

600028280486  
02/05/04--01031--017 \*\*750.00

**REINSTATEMENT** 03

2. Principal Office Address  
1455 NW 14 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip  
33125

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
05-0526217

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 PALMA

Street Address (P.O. Box Number is Not Acceptable)  
1455 NW 14 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33125

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 Palma*

REGISTERED AGENT MUST SIGN

Date *1-14-04*

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
DPVS	JOSE PALMA	1455 NW 14 STREET	MIAMI, FL 33125

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 Palma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)