

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV -3 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087888

**1. Corporation Name**

R.R. Medical Services INC

**2. Principal Office Address**

8813 NW 114 ter

Suite, Apt. #, etc.

City & State

Hialeah Gardens FL

Zip

33018

Country

MIAMI DADE

**3. Mailing Office Address**

8813 NW 114 ter

Suite, Apt. #, etc.

City & State

Hialeah Gardens FL

Zip

33018

Country

MIAMI DADE

**REINSTATEMENT** 03-04  
MRD

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

08/13/02

**5. FEI Number**

22-3865898

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

TAIMY GAMAYO

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

8813 NW 114 TER

Suite, Apt. #, Etc.

City

Hialeah Gardens

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

Taimy Gamayo

REGISTERED AGENT MUST SIGN

Date 11/01/04

**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	TAIMY GAMAYO	8813 NW 114 TER	Hialeah GARDENS FL 33018

**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: Taimy Gamayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/04

Daytime Phone #