

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087888

1. Entity Name
R.R. MEDICAL SERVICES, INC.



Principal Place of Business
8813 NW 114 TER
HIALEAH GARDENS, FL 33018

Mailing Address
8813 NW 114 TER
HIALEAH GARDENS, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
22-3865898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMAYO, TAIMY
8813 NW 114 TER
HIALEAH GARDENS, FL 33018

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GAMAYO, TAIMY
STREET ADDRESS 8813 NW 114 TER
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE ☐ Change ☐ Addition
NAME 000061754830
STREET ADDRESS 02/10/06--01015--003
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 11/29/05 01053 008 \$150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000061754830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 18, 2006

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

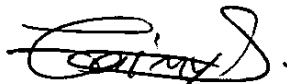
To whom it may concern:

This letter serves to inform you that on November 25th, 2005, I have sent two signed forms for reinstatement of both my Corporations together with two checks of \$150 each. The Corporations haven't been reinstated because there was a mistake in the forms, and I never received a Rejected letter, therefore I called yesterday and the representative directed me to send a new form and explained to me what was the mistake in order for me to correct it, she also informed me that you received the funds I previously sent, so it has been paid. I am kindly asking for you to waive the \$650 penalty due to the mixup that occurred.

Please, see attached the signed forms and the two checks of \$150 each for year 2006.

If you require further information with regards to my corporations "R.R. Medical Services, Inc." Doc. Number: P02000087888, or "Inigo Enterprises USA Corp." Doc. Number P01000066682, please do not hesitate to call me at your best convenience at 786-443-6420.

Sincerely,

A handwritten signature in black ink, appearing to read "Taimy Gamayo", written over a horizontal line.

Taimy Gamayo