

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 15 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096727

1. Corporation Name

R.A.M.E. MEDICAL SERVICES, INC.

Principal Place of Business

9143 NW 146TH TERRACE  
MIAMI LAKES FL 33018

Mailing Address

9143 NW 146TH TERRACE  
MIAMI LAKES FL 33018



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1942 W 60TH ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1942 W 60TH ST  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2002

5. FEI Number

82-0562730

Applied For

Not Applicable

City & State  
HIALEAH FL

City & State  
HIALEAH FL

Zip  
33012

Zip  
33012

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MORALES, SAHIR M	9143 NW 146TH TERRACE	MIAMI LAKES FL 33018
			400023864784 10/16/03--01089--013 **750.00

8. Name and Address of Current Registered Agent

LIBERTY BUSINESS SERVICES, INC.  
8204 NW 103RD ST  
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name  
LIBERTY BUSINESS SERVICES, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
8202 NW 103RD ST.  
Suite, Apt. #, Etc.

City  
HIALEAH GARDENS

State  
FL

Zip Code  
33016

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

CR2E040 (7/03)