

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000115048**

1. Corporation Name

ANDA MEDICAL SERVICES, INC

Principal Place of Business

215 SW 17 AVE
MIAMI FL 33135

Mailing Address

215 SW 17 AVE
MIAMI FL 33135



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

2. New Principal Office Address, If Applicable

215 S.W. 17 AVE

Suite, Apt. #, etc.

210

City & State

Miami FL.

Zip

33135

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2002

5. FEI Number

37-1447066

Applied For

Not Applicable

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
DP	MUNOZ, GIOCONDA	215 SW 17 AVE	MIAMI FL 33135

600024092846
10/24/03--01070--009 **158.75

8. Name and Address of Current Registered Agent

MUNOZ, GIOCONDA
215 SW 17 AVE
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

GIOCONDA MUNOZ

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

215 SW 17 AVE

Suite, Apt. #, Etc.

210

City

Miami

State

FL

Zip Code

33135

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

Gioconda Munoz
REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

Gioconda Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

CR2E040 (7/03)