

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 14 AM 8:00

DOCUMENT # P02000118024

1. Corporation Name

KING BUDA MEDICAL SERVICES, INC.

**REINSTATEMENT**

03-04  
MRS

2. Principal Office Address

4906 SW 5 TERR

Suite, Apt. #, etc.

# 303 B

City & State

MIAMI, FL

Zip

33134

Country

US

3. Mailing Office Address

4906 SW 5 TERR

Suite, Apt. #, etc.

# 303 B

City & State

MIAMI, FL

Zip

33134

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

51-0434466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

2/21/03 90174 022 \*150.00

**7. Name and Address of Current Registered Agent**

Name

LEANDRO NUNEZ

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

4906 SW 5 TERR

Suite, Apt. #, Etc.

# 303 B

City

MIAMI

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

6/11/2004

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
P	LEANDRO NUNEZ	4906 SW 5 TERR #303 B	MIAMI, FL 33134
D	EDWARD CORDON	4408 NW 185 ST	MIAMI, FL 33055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEANDRO NUNEZ

Date

6/11/04

Daytime Phone #

786-326-1804

CR2E081 (01/04)