

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000122422*

1. Corporation Name
All Around Medical Services

2. Principal Office Address

451 SE 8th St

Suite, Apt. #, etc.

#77

City & State

Homesland FL

Zip

33030

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1432028

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

Jorge Izquierdo

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

451 SE 8th St #77

Suite, Apt. #, Etc.

#77

City

Homesland

State

FL

Zip Code

33030

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

Date *11-13-03*

REGISTERED AGENT MUST SIGN

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
<i>P.</i>	<i>Jorge Izquierdo</i>	<i>451 SE 8th St #77</i>	<i>Homesland FL 33030</i>

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

Date

11-13-03

934-818-5266

Telephone Number

November 13, 2003

ATTN: FL. CORPORATION DIVISION

ENCLOSE PLEASE FIND THE ANNUAL REPORT & REINSTATEMENT REPORTS FOR THE RENEWAL OF MY CORPORATION. I NEVER GOT THE REPORTS THUR THE MAIL PLEASE ACCEPT THIS AND MY CHECK OF 150.00. THANK YOU VERY MUCH FOR YOUR COOPERATION AND COSIDERATION TO THIS MATTER.



JORGE IZQUIERDO