

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124646

1. Corporation Name

M R D Medical Services Corp.

2. Principal Office Address

3750 West 16 Ave.

Suite, Apt. #, etc.

222

City & State

Hialeah Fla.

Zip

33012

Country

DAPE

3. Mailing Office Address

3750 West 16 Ave

Suite, Apt. #, etc.

222

City & State

Hialeah Fla.

Zip

33012

Country

DAPE

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/02

5. FEI Number

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

Mirta F. ABREU

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

8810 NW 147 LN.

Suite, Apt. #, Etc.

Hi

City

Hialeah

State

FL

Zip Code

33018

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

Mirta F. Abreu

REGISTERED AGENT MUST SIGN

Date

10/13/03

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
President	Mirta F. ABREU	3750 W 16 Ave. # 222	Hialeah, FL 33012
sec.	YAREMI CERMLO	3750 W 16 Ave # 222	Hialeah, FL 33012

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

Mirta F. Abreu

Date

10/13/03 (305) 725-5264

Daytime Phone #

CR2E081 (10/02)