

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000127168

1. Corporation Name

AMERICA MEDICAL SERVICES & SUPPLIES, INC.

2. Principal Office Address

6850 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

3. Mailing Office Address

6850 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/03/2002

5. FEI Number

33-1032135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

BATISTA, EDUARDO

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

8850 SW 43RD STREET

Suite, Apt. #, Etc.

City

MIAMI

900027610149

01/26/04-01071-022 **500.00

900027610149

01/26/04-01071-023 **400.00

FL 33165

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 01-23-2004

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
DPVST	BATISTA, EDUARDO	8850 SW 43RD STREET	MIAMI FL 33165

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:

EDUARDO BATISTA, P

01-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)