

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131168

1. Corporation Name

LIAN MEDICAL SERVICES, INC.

REINSTATEMENT 03-04

700030720747
03/18/04--01033--012 **300.00

2. Principal Office Address

2100 WEST 76th STREET

3. Mailing Office Address

2100 WEST 76th STREET

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/13/2002

5. FEI Number

32-0050171

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

RAFAEL SOTO

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

6930 WEST 24th AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33016

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 MARCH 12, 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	RAFAEL SOTO	6930 WEST 24th AVE	HIALEAH, FL 33016

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M03/12/2004

Date

305-362-6593

Daytime Phone #

March 12, 2004

Florida Department of State
Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Lian Medical Services Inc.
EIN 32-0050171
Reinstatement

The present letter is to request from you the reinstatement of the corporation in reference and at the same time the removal of the penalties applied to it, for not filing the proper annual report for the year 2003 on time.

I am requesting this removal because I was searching through your website and I found that the corporation is inactive for Administrative Dissolution for Annual Report.

I was reviewing all my corporate documents and I did not find the original annual report, but at the same time I noted that the address listed and printed in your records is the address of the Attorney's office who filed the corporation for me, being this the reason why I did not receive it and pay it on time.

Enclosed please find a check in the amount of Three Hundred Dollars (\$300.00) in order to pay the 2003 & 2004 Business Annual Report and at the same time update your records with the correct address where you have to mail all your correspondence.

Wishing this request be granted by you in order to make this corporation current, with kind regards, I remain,

Cordially,


Rafael Soto
President