

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 1 of 2*

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000009508					
1. Corporation Name Hernandez Professional Medical Services Corp.					
2. Principal Office Address 6741 Coral Way #38			3. Mailing Office Address 15649 SW 60 ST.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami - FL.			City & State Mia - FL.		
Zip 33155	Country Dade	Zip 33193	Country Dade		

FILED

05 JUL 12 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified To Do Business in Florida 3/04	
5. FEI Number 061680895	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 Dr. Miguel Hernandez			
Street Address (P.O. Box Number is Not Acceptable) 15649 SW 60 ST.			
Suite, Apt. #, Etc.			
City Mia			
State FL		Zip Code 33193	

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 **11-4-04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Karla Montoya	15649 SW 60 ST.	Mia. FL 33193
VP	Dr. Miguel Hernandez	15649 SW 60 ST.	Mia. FL 33193

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)(f), 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

Daytime Phone #

11-4-04

Phone: 305-5414004

2002

HERNANDEZ PROFESSIONAL MEDICAL SERVICES

6741 CORAL WAY #38 Mia-Fl. 33155

Phone: 305-5414004 - 305-2624608 fax: 305-2624610

May 24, 2005

Florida Department of State
Divisions of Corporations

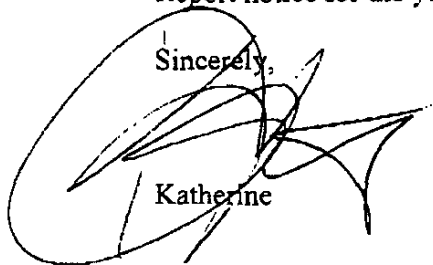
Reference Number: P03000009508

RE: Hernandez Professional Medical Services Corp.

Please waive the reinstatement fee due to the fact that we did not receive the Annual
Report notice for the year 2004

Sincerely,

Katherine

A large, stylized handwritten signature in black ink, appearing to be 'Katherine', written over the printed name.