pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 12 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009508

1. Corporation Name
Hernandez Professional medical Services corp.

2. Principal Office Address	3. Mailing Office Address
6741 Coral Way #3B	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

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.

100044691681
01/13/05--01052--003 **150.00

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: [signature] Date: 11-4-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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.	Karla Montoya	15649 SW 60 ST.	Mia. FL 33193
VP	Dr. Miguel Hernandez	15649 SW 60 ST.	Mia. FL. 33193

900043212983
12/08/04--01047--002 **150.00

10. I certify that I am an officer or director of 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] 11-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X [signature] 5-25-05 Phone: 305-5414004

2 of 2

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