

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 10:14

DOCUMENT # *P03000085016*

1. Corporation Name

American Medical Applications, Inc.

2. Principal Office Address

1710 NW 75T

Suite, Apt. #, etc.

Suite #6

City & State

Miami, FL

Zip

33125

Country

3. Mailing Office Address

1710 NW 75T

Suite, Apt. #, etc.

Suite #6

City & State

Miami FL

Zip

33125

Country

REINSTATEMENT
CR2E081 (8/05)

65

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

81-0626813

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

Canizares, Roy

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

1710 NW 75T Suite #6

Suite, Apt. # Etc.

Suite #6

City

Miami

State
FL

Zip Code

33125

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

Roy Canizares

Date

REGISTERED AGENT MUST SIGN

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 | <i>Canizares, Roy</i> | <i>1710 NW 75T Suite #6 Miami FL 33125</i> | <i>Miami FL 33125</i> |
| V | <i>De la Vega, Luis</i> | <i>1710 NW 75T Suite #6 Miami, FL 33125</i> | <i>Miami FL 33125</i> |
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000062356910
12/22/05--01045--007 **150.00

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

Date

Daytime Phone #

2 of 2

December 19, 2005

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: AMERICAN MEDICAL APPLICATIONS, INC.
FEIN 81-0626813**

Dear sirs:

AMERICAN MEDICAL APPLICATIONS, INC., already sent you its Annual Report on April 05 with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on MAY 25 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, I received a notice of intent to dissolve my corporation I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,



ROY CANIZARES
AMERICAN MEDICAL APPLICATIONS, INC.