

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 22 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000088845**

1. Corporation Name

General Medical Solutions Inc

W10-19963

200177070092
04/22/10--01028--015 **450.00

2. Principal Office Address - No P.O. Box #

12202 NW 19th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

FL

Zip

33323

Country

Zip

Country

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

8/23

5. FEI Number

04-3770149

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

JUAN-CARLOS AGUILAR

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

12202 N.W. 19th St.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33323

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

J. C. Aguilar

REGISTERED AGENT MUST SIGN

Date

5/25/10

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	AGUILAR, JUAN CARLOS	12202 NW 19th Street	Plantation FL 33323
V	ALVAREZ, Michael	611 Ocean Drive 6-4	Key Biscayne, FL 33149

REINSTATEMENT RH

10. E-mail Address: **JCAGUI@BELLSOUTH.NET**

(To be used for future annual report notification)

11. 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. I further certify 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:

Juan Carlos Aguilar

Juan Carlos Aguilar 4/4/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #