

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**CORPORATION REINSTATEMENT**

**FIRST CHOICE MEDICAL MARKETING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$1050.00</del>

\$450.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 26 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000047601

1. Corporation Name

FIRST CHOICE MEDICAL MARKETING, INC.

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

1000 Island Boulevard

3. Mailing Office Address

1000 Island Boulevard

Suite, Apt. #, etc.

Suite 1612

Suite, Apt. #, etc.

Suite 1612

City &amp; State

Aventura

City &amp; State

Aventura

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

03/30/2005

5. FEI Number  
20-2594133

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

Paola Federici

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

1000 Island Boulevard

Suite, Apt. #, Etc.

Suite 1612

City

Aventura

State

FL

Zip Code

33160

☒ 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 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

Paola Federici, Registered Agent

by Veronica Paez, as attny-in-fact

Date 08/26/2009

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
D	Paola Federici	1000 Island Boulevard, Suite 1612	Aventura, Florida 33160 USA

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 contained in Chapter 119, 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

Paola Federici, Director

by Veronica Paez, as attny-in-fact

08/26/2009

Date

(786) 246-8412

Daytime Phone #