

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000140941**

**1. Corporation Name**

**ABNER MEDICAL STAFFING, CORP.**

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

**3399 NW 72 AVENUE**

**Suite, Apt. #, etc.**

**Suite 211**

**City & State**

**Miami, Florida**

**Zip**

**33122**

**Country**

**USA**

**3. Mailing Office Address**

**3399 NW 72 AVENUE**

**Suite, Apt. #, etc.**

**Suite 211**

**City & State**

**Miami, Florida**

**Zip**

**33122**

**Country**

**USA**

**7. Name and Address of Current Registered Agent**

**Name**

**Ruben Alcoba, Esq.**

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

**3399 nw 72 avenue**

**Suite, Apt. #, Etc.**

**Suite 211**

**City**

**Miami**

**State**

**FL**

**Zip Code**

**33122**

**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 10/27/2009**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>S</b>	<b>Ludvick Ibanez</b>	<b>2451 Brickell Avenue, Apt 15H</b>	<b>Miami, Florida 33129</b>
<b>P</b>	<b>Deborah Alcoba</b>	<b>3399 NW 72 Avenue, Suite 211</b>	<b>Miami, Florida 33122</b>
<b>VP</b>	<b>Pablo Vladimir Ibanez</b>	<b>Ave. Pasoskanki 50</b>	<b>La Paz, Bolivia</b>

**REINSTATEMENT**

**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**

**10/27/2009**

**Date**

**305-428-0824**

**Daytime Phone #**

**FILED**

**09 NOV -2 AM 11:24**

**CLERK OF STATE  
TALLAHASSEE, FLORIDA**

**500162399855  
11/02/09--01045--013 \*\*300.00**

**CR2E081 (12/08)**

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/16/2005**

**5. FEI Number  
342057168**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status**

☒ **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.**