

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000026800

1. Corporation Name

THE ANGEL'S MEDICAL SERVICE, INC.

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

294 WESTWARD DR.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2006

5. FEI Number

86-1164431

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

MARIA BOADA

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

7871 NW 169 TERRACE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☒ 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

Date 02/24/2010

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	MARIA BOADA	7871 NW 169 TERRACE	MIAMI LAKES, FL 33016
VP	SONIA M CASTELLON	7115 W 3 CT	HIALEAH, FL 33014

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2010 305-491-2122

Date

Daytime Phone #

FILED

10 APR -7 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

400173151404

03/25/10--01037--016 **300.00

CR2E081 (11/09)