

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000112809

1. Entity Name
RENO MEDICAL MANAGEMENT, INC.



Principal Place of Business

2441 SE 14 ST
MIAMI, FL 33145

Mailing Address

2441 SE 14 ST
MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #

2441 SW 14 ST

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33145

Country

USA

Zip

33145

Country

USA

02142008

REIN-P

CR2E098 (1/07)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, CHRISTOPHER D
2441 SE 14 ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: DAVID MARRERO
Street Address (P.O. Box Number is Not Acceptable)

2441 SW 14 ST

City MIAMI

FL

Zip Code

33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/08

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARRERO, CHRISTOPHER D
STREET ADDRESS 2441 SE 14 ST
CITY-ST-ZIP MIAMI, FL 33145 ☒ Delete

TITLE SD
NAME MARRERO, DAVID
STREET ADDRESS 2441 SE 14 ST
CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400119552554
03/05/08--01019--025 ***300.00

TITLE P
NAME DAVID MARRERO
STREET ADDRESS 2441 SW 14 ST
CITY-ST-ZIP MIAMI FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

Daytime Phone #

jc 2/15