

10/22
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P070000 38181

1. Corporation Name

A + A Medical Resources, Inc.
17601 NW 44 Rd
Miami Gardens, FL 33055

2. Principal Office Address

17601 NW 44 Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami Gardens FL

Zip

33055

Country USA

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Raul Jimenez

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

17601 NW 44 Rd

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33055

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

10/12/09

CR2E081 (10/02)

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
Q/D	Mileisy Pedrazo	17601 NW 44th Rd	Miami Gardens, FL 33055
V-P	Raul Jimenez	17601 NW 44th Rd	Miami Gardens, FL 33055

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 under section 119.07(3)(i), 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

10/12/09 (786) 312-0482
Daytime Phone #

2052

October 19, 2009

To: Florida Dpt of State
Secretary of State
Divisions of Corporation

From: A & A medical Resources, Inc.
17601 NW 44th Road
Miami Gardens, Florida 33055

FEIN: 20-8729835

To Whom It May Concern:

Hereby, this is to certify, that I did not receive a prior notice for the company's renewal,
please waive the penalty and reinstate the above corporation.

Respectfully,

Raul Jimenez