

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000038181

1. Corporation Name

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

2. Principal Office Address

17601 NW 44 Rd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens FL

City & State

Zip 33055 Country USA

300161984983
10/21/09--01003--012 **300.00

REINSTATEMENT 08-09 WOP

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/07

5. FEI Number

20-8729835

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

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

X

REGISTERED AGENT MUST SIGN

Date 10/10/09

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/D	<u>Mileisy Pedraza</u>	<u>17601 NW 44th Rd</u>	<u>Miami Gardens, FL 33055</u>
V-P	<u>Raul Jimenez</u>	<u>17601 NW 44th Rd</u>	<u>Miami Gardens FL 33055</u>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/09 (786) 312-2432
Date Daytime Phone #

CR2E081 (10/02)

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