

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08000007208**

1. Corporation Name

Theramed Service Corp.

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

6716 W. FLAGLER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33144

Country

USA

Zip

Country

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300464726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **Yes** ☐ **No**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDITH GONZALEZ

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

6716 W. FLAGLER ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

FILED
CT-4 AM 11:58
CLERK OF STATE
HASSEE, FLORIDA

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/3/11**

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	JUDITH GONZALEZ	6716 W. FLAGLER ST.	Miami FL 33144

REINSTATEMENT

2010-11

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/11

Daytime Phone #