

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000749

1. Corporation Name

BORIS CARE MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

USA

7171 CORAL WAY SUITE#402
MIAMI, FLORIDA 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01-06-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0378714

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	JOSE FERNANDEZ	13465 SW 27 St	Miami FL 33175

300002338163--2
-11/04/97--01087--032
1245.00--1245.00

8/11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANUEL FERNANDEZ
10885 N.W. 7th ST. APT#24
MIAMI, FLORIDA 33172

Name

JOSE FERNANDEZ

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

13465 S.W. 27th ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jose Fernandez

REGISTERED AGENT MUST SIGN

Date 10/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Jose Fernandez

JOSE FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 264-0106

Date

Daytime Phone #