

**FAX AUDIT: H03000298406 3**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 17 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # P94000040905**

1. Corporation Name

**JONATHAN MEDICAL SERVICES, INC.****REINSTATEMENT** 03

2. Principal Office Address

**6801 NW 77th AVENUE**

Suite, Apt. #, etc.

**202**

City &amp; State

**MIAMI FL**

Zip

**33166**

Country

**MIAMI-DADE**

3. Mailing Office Address

**6801 NW 77th AVENUE**

Suite, Apt. #, etc.

**202**

City &amp; State

**MIAMI**

Zip

**33166**

Country

**MIAMI-DADE**4. Date Incorporated or Qualified  
To Do Business in Florida**05/28/1994**

5. FEI Number

**65-0495579**

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

**Johnny Tsimogiannis**

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

**999 Ponce de Leon Blvd**

Suite, Apt. #, Etc.

**601**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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 AgentDate **10/08/03**

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 Officers and/or Director	City/State/Zip
<b>PD</b>	<b>BRIAN ABREU</b>	<b>6801 NW 77 AVE., SUITE 202</b>	<b>MIAMI, FL 33166</b>

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:

**BRIAN ABREU****10/09/03****305-442-1028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Public Access System

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(((H03000298406 3)))

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**To:**

Division of Corporations  
Fax Number : (850) 205-0384

**From:**

Account Name : JOHNNY TSIMOGIANNIS  
Account Number : I19990000261  
Phone : (305) 442-1028  
Fax Number : (305) 442-2747

**CORPORATION REINSTATEMENT**

**JONATHAN MEDICAL SERVICES, INC.**

Certificate of Status	1
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