

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000001475

1. Corporation Name
 Y + G Medical Services, Corp

Principal Place of Business Mailing Address

221 SW 22 Ave #259
 Miami FL 33135

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

2. New Principal Office Address, If Applicable

4195 SW 137 Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33175

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/6/95

5. FEI Number

65-0544378

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T/D	Gladys Valdes	9895 SW 58 ST	Miami, FL 33173

9000002868000-8
 -05/07/99-01128-008
 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

Gladys Valdes
 8500 SW 133 Ave Rd #121
 Miami FL 33183

9. Name and Address of New Registered Agent

Name Gladys Valdes
 Street Address (P.O. Box Number is Not Acceptable) 9895 SW 58 ST
 Suite, Apt. #, Etc.
 City Miami State FL Zip Code 33173

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

Gladys Valdes

REGISTERED AGENT MUST SIGN

Date

4/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Gladys Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

305-225-5165

Daytime Phone #

CR2E061 (12/98)

2

April 27, 1999

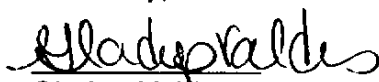
Y & G Medical Services, Corp
4195 SW 137 Ave.
Miami, FL 33175

Division of Corporations
Att: Certification Reinstatement
PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the reinstatement of Y & G Medical Services Inc, Document #p95000001475. This payment is for the 1998 and 1999 annual report. I did not pay this fee the prior year is because I did not receive the annual report renewal form in the mail and failed to receive one this year also. Please verify our mailing address. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,


Gladys Valdes