

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 JAN 29 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000005695**

1. Corporation Name

**INTER-AMERICAN MEDICAL SERVICES, INC.**

Principal Place of Business

Mailing Address

2201 BRICKELL AVENUE STE. 76  
MIAMI FL 33129

2201 BRICKELL AVENUE STE. 76  
MIAMI FL 33129



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

EIN = 65-0553118

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9066 SW 112 COURT  
Suite, Apt. #, etc. N/A

9066 SW 112 COURT  
Suite, Apt. #, etc. N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1995

City & State  
MIAMI-Florida

City & State  
MIAMI-Florida

5. FEI Number

65-0549675

Applied For

Not Applicable

Zip  
33176

Country  
Dade

Zip  
33176

Country  
DADE

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addtional 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BRENTESON, ALLEN J	2201 BRICKELL AVENUE STE. 76	MIAMI FL 33129
	V.P. BRENTESON, DONALD I.	9066 SW 112 CT.	Miami, Fla 33176

200002074502--0  
-01/31/97--01010--004  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENTESON, ALLEN J  
2201 BRICKELL AVENUE STE. 76  
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/11/96

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALLEN J. BRENTESON

Date

Daytime Phone #

10/11/96 (305) 596-9065