

99000010583 5 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **95000037404**

1. Corporation Name
Taxi Medical Services, Inc.

Principal Place of Business Mailing Address

3600 So. State Rd. 7 (441) SUITE 236 MIRAMAR, FL. 33023 **P.O. Box 590950 MIAMI, FL. 33159**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
 99 MAY -6 PM 4:20
 DIVISION OF STATE
 OFFICE OF THE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business In Florida **5/10/95**

5. FEI Number Applied For

65-0590337 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/VP T/S	MILDRED A. CRUZ-NATAL	6715 W 26 DR. #204	HALEAH, FL. 33016

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

**MILDRED A. CRUZ-NATAL
 6715 W 26 DR. #204
 HALEAH, FL. 33016**


Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 REGISTERED AGENT MUST SIGN Date **5/3/99**

11. This corporation owes or has paid 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:  **5/3/99** **(305) 810-7670**

Prepared By: **Mildred A. Cruz-Natal 6715 W. 26 Drive #240 Hialeah, Florida 33016**

CPC2000 (1-98)



Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

TEXI MEDICAL SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75