

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052848

1. Corporation Name

POEY MEDICAL SERVICES, CORP.

Principal Place of Business Mailing Address

8633 NW 54TH ST.
MIAMI FL 33166
US

8633 NW 54TH ST.
MIAMI FL 33166
US

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	07/03/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0594101
City & State	City & State	Applied For Not Applicable	
Zip	Country	Zip	Country

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 3	City / State / Zip 4
PVST	GARCIA, JEFET Jafet	8633 NW 54TH STREET	MIAMI FL 33166
D	GARCIA, JEFET Jafet	8633 NW 54TH STREET	MIAMI FL 33166
		8000009200688	11/25/02--01045--018 **750.00

8. Name and Address of Current Registered Agent

GARCIA, JAFET
8633 NW 54TH STREET
MIAMI FL 33166

9. Name and Address of New Registered Agent

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Jafet
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/21/02

11. 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:

Jafet
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02 (786) 236
Daytime Phone # 9104