

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 25 PM 4:00

DOCUMENT # P95000061581

1. Corporation Name QUICK MEDICAL ENTERPRISES INC.

**2025 WEST 73 STREET
HIALEAH, FLORIDA 33016**

800005500628--4
-05/09/02--01055--003
***908.75 ***908.75

**2. Principal Office Address
2025 WEST 73 STREET**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FLORIDA

City & State

Zip Country
33016 U.S

Zip Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida 08/09/1995**

5. FEI Number 65-0595484

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

JESUS R. GARCIA

Street Address (P.O. Box Number is Not Acceptable)
2025 WEST 73 STREET

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33016

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 Agent

Date **04/24/2002**

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 Officer and/or Director	City / State / Zip
PRES	JESUS R. GARCIA	2025 WEST 73 STREET	HIALEAH, FLORIDA 33016
V-PRES	JESUS R. GARCIA	2025 WEST 73 STREET	HIALEAH, FLORIDA 33016
SECT	JESUS R. GARCIA	2025 WEST 73 STREET	HIALEAH, FLORIDA 33016
TREA	JESUS R. GARCIA	2025 WEST 73 STREET	HIALEAH, FLORIDA 33016

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:

04/24/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)