APPLICATION FOR REINSTATEMENT

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

FILED
99 JAN -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069403

1. Corporation Name
D'AVALO MEDICAL SERVICES, Inc.

Principal Place of Business
~~7880 W. 20th Ave. #44 Hialeah, FL 33016~~

Mailing Address
~~7880 W. 20th Ave. #44 Hialeah, Florida 33016~~

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

600[illegible]
600002743026---7
-01/15/99--01009--011
***1050.00 ***1050.00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
6801 NW 77th Ave.
Suite, Apt. #, etc. #206
City & State Miami, Florida
Zip 33166 Country USA

3. New Mailing Address, If Applicable
6801 NW 77th Ave.
Suite, Apt. #, etc. #206
City & State Miami, Florida
Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/8/95

5. Fei Number 65-0613990 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, VP, S, T, D	ERNESTO ARBELO	6801 NW 77th Ave., #206	Miami, FL 33166

REINSTATEMENT 97-99
TB 1/8/99

8. Name and Address of Current Registered Agent
VAZQUEZ, Carlos
7880 W. 20th Ave.
#44
Hialeah, Florida 33016

9. Name and Address of New Registered Agent
Name ARBELO, ERNESTO
Street Address (P.O. Box Number is Not Acceptable) 6801 NW 77th AVENUE
Suite, Apt. #, Etc. #206
City Miami State FL Zip Code 33166

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 _____ Date 1/7/99
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ 1/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #