PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 21 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000085950

1. Corporation Name
CENTURY MEDICAL SERVICES INC

2. Principal Office Address	3. Mailing Office Address
5755 W. FLAGLER ST	5755 w Flagler st
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.: Suite 202
City & State: MIAMI, FLA	City & State: Miami FL
Zip: 33144 Country: U.S.A.	Zip: 33144 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11-8-1995

5. FEI Number: C50020411 ☐ 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: PEDRO DANIEL VALDES RANDICHE

900904717078--4
-12/10/01--01096--009
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 5755 W. FLAGLER ST
Suite, Apt. #, Etc.: SUITE 202
City: MIAMI, FLA State: FL Zip Code: 33144

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: 11-20-01
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
P/V/S/T	PEDRO DANIEL VALDES RANDICHE	5755 W. FLAGLER ST SUITE 202	MIAMI, FLA 33144

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: _____ 11-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #