

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 13 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

995000086137

1. Corporation Name

ACCU-MED TESTING SERVICES, INC.  
3729 S.W. 8th Street, Suite 106  
Coral Gables, Florida 33134

W99-25809

Principal Place of Business

3729 S.W. 8th St #106  
Coral Gables, Fl. 33134

Mailing Address

Same

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 June 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0626505

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	Danny Ferreiro	8920 S.W. 4th Street Miami, Florida 33174	Miami, Florida 33174
SEC/ TREASURER	Amanda Tamayo	2871 S.W. 38th Court Miami, Florida 33134	Miami, Florida 33134
			800003078458--3 -12/22/99--01047--016 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Amanda Tamayo  
3290 S.W. 26 Terrace  
Miami, Florida 33133

9. Name and Address of New Registered Agent

Name Amanda Tamayo  
Street Address (P.O. Box Number is Not Acceptable)  
2871 S.W. 38th Court  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33134

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

*Amanda Tamayo*

REGISTERED AGENT MUST SIGN

Date 10/27/99

11. This corporation owes 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: *Amanda Tamayo Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/99 Daytime Phone # 305-411-7000

KE

CR2501 (12/98)