

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
01 MAR 19 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Equiservice Medical Inc.

2. Principal Office Address

13255 S.W. 137Th. Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Same

City & State

Miami FL.

City & State

Same

Zip

33186

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650649917

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

Yenissel Xiques

Street Address (P.O. Box Number is Not Acceptable)

18082 S.W. 139Th. Path

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date 3/15/01

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
PRST.	Yenissel Xiques	18082 S.W. 139 Th. Path	Miami FL., 33177

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: Yenissel Xiques

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

(305) 969-4405

Daytime Phone #

CR2E081 (9/00)