

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 14 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 970 0000 5594

1. Corporation Name

Amg medical services Inc.

2. Principal Office Address

995 N. Miami Beach Blvd.

Suite, Apt. #, etc.

116

City & State

N. Miami Beach FL

Zip

33162

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CG-00

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/97 SP

5. FEI Number

65 072 4805

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ALAN GARSON

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

995 N. Miami Beach Blvd #116

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33162

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

[Signature]

Date

7/10/00

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
D	ALAN GARSON	995 N. Miami Beach Blvd.	0000003343580--5- 08/08/00--01078--019 ***300.00 ***300.00 N. Miami FL 33162
P	Gloria Garson	))	))

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

Daytime Phone #