

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR -7 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000017934**

**1. Corporation Name**

**SURE MED MEDICAL SERVICES, INCORPORATED**

**2. Principal Office Address**

**8200 NW 27 ST**

Suite, Apt. #, etc.

**SUITE 117**

City & State

**MIAMI, FLORIDA**

Zip

**33122**

Country

**USA**

**3. Mailing Office Address**

**8200 NW 27 ST**

Suite, Apt. #, etc.

**SUITE 117**

City & State

**MIAMI, FLORIDA**

Zip

**33122**

Country

**USA**

**REINSTATEMENT 03-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**02-26-1997**

**5. FEI Number**

**65-0734187**

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

**EILEEN LUIS**

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

**8200 NW 27 ST**

Suite, Apt. #, Etc.

**SUITE 117**

City

**MIAMI**

**200051138632**

**04/19/05--01005--021 \*\*\*450.00**

State  
**FL**

Zip Code  
**33122**

**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

*Eileen Luis*

REGISTERED AGENT MUST SIGN

Date **APRIL 06, 2005**

**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
PSTVP	CHERYL SIEGWALD	18100 OLD CUTLER RD	MIAMI, FL 33157
D	EILEEN LUIS	250 SW 82ND AVE	MIAMI, FL 33144
D	JOSE MARTINEZ	250 SW 82ND AVE	MIAMI, FL 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:

*Eileen Luis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 06, 2005

Date

Daytime Phone #

CR2E081 (01/05)

292

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
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EILEEN LUIS  
DIRECTOR