

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 NOV 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000014568**

1. Corporation Name

IHMSC AGENCY, INC.

Principal Place of Business

1150 NW 72 AVE., SUITE 425
MIAMI FL 33126

Mailing Address

1150 NW 72 AVE., SUITE 425
MIAMI FL 33126

Handwritten initials



3/5/99 90000000 \$158.75

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1998

5. FEI Number

65-0827996

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

State of Florida required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DE ROSEMEANA, ANALISA	1150 NW 72 AVE., SUITE 425	MIAMI FL 33126
Pres	Javier Amezaga	1150 NW 72nd Ave #425	Miami, FL 33126
Vice Pr.	Claudia Herrera	1150 NW 72nd Ave #425	Miami, FL 33126

8. Name and Address of Current Registered Agent

WIENER, MARVIN ESQ
2121 PONCE DE LEON, SUITE 900
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0808, F.S.

Signature of
Registered Agent

REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA HERRERA

Date

10/22/99

Daytime Phone #

305-463-8520



INTERCONTINENTAL HEALTH
IHMSC
MANAGEMENT SYSTEMS CORP.

12

October 22, 1999

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

REF:IHMSC, Agency Inc.

Dear Sirs:

We recently received a *Notice of Administrative Dissolution* from you for our company, Document # P98000014568. We immediately called your office and were told that what we were missing was the FEI number on the document that we returned to you in January 1999. Enclosed please find the *Notice of Administrative Dissolution* filled in with all of our information, as well as a copy of the documentation and payment returned to you earlier this year.

As we have proof of timely payment to you, we ask that you waive any further fees and update your files with our FEI number.

Sincerely,

Claudia A. Herrera
Vice-President of Marketing