

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097395

1. Corporation Name

Total Health Management Services, Inc.

2. Principal Office Address

3601 Federal Highway
Suite, Apt. #, etc. Executive Suite
6th Floor

City & State

Miami

Zip

33137

Country

U.S.A.

3. Mailing Office Address

3601 Federal Highway
Suite, Apt. #, etc.

City & State

Florida

Zip

33137

Country

U.S.A.

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

11/18/98

5. FEI Number

65-0862896

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

Jorge A. Duarte, Esq.

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

5975 Sunset Drive

Suite, Apt. #, Etc.

601

City

South Miami

State

FL

Zip Code

33143

900005419419-7

05/02/02 01011-021

****308.75 ****308.75

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]
REGISTERED AGENT MUST SIGN

Date

4/15/02

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
P	Paul C. Velez	3601 Federal Highway	Miami, Florida 33137
V.P.	Gamaliel Rivera	1172 N.W. 133rd Court	Miami, Florida 33182
T	Jorge A. Duarte	5975 Sunset Dr. No. 601	S. Miami, Florida 33143
S	Aurea I. Velez	19703 E. Cypress Ct.	Miami, Florida 33015

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:

Paul C. Velez Paul C. Velez 4/15/02 305-788-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

JORGE A. DUARTE, P.A.
ATTORNEYS AT LAW

5975 SUNSET DRIVE
SUITE 601
SOUTH MIAMI, FLORIDA 33143

PHONE (305) 358-2400
(305) 668-6300
FAX (305) 255-2223

April 11, 2002

Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Total Health Management Services, Inc.

To Whom It May Concern:


Please be advised that Total Health Management Services, Inc., never received the UBR.

Enclosed you will find Total Health Management Services, Inc., check payable to the secretary of State in the amount of \$308.75 to cover 2001 - 2002 and the certificate of status.

Please waive the penalty of \$600.00. Please accept this payment in order to reinstate the corporation to good standing and provide the undersigned with proof thereof.

Thank you.

Very truly yours,



JORGE A. DUARTE
Treasurer

JAD/bmn
Enclosures