

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000036647

1. Corporation Name

CONTINENTAL PROVIDER SERVICES, INC.

REINSTATEMENT 03-01

2. Principal Office Address

13550 SW 88 STREET

3. Mailing Office Address

13550 SW 88 STREET

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

250

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/22/1999

5. FEI Number

65-0942763

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

ROXANA MANTEIGA

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

13550 SW 88 STREET

Suite, Apt. #, Etc.

250

City

MIAMI

State

FL

Zip Code

33186

700032777497
04/15/04--01011--036 **300.00

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

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
PD~	ROXANA MANTEIGA	13550 SW 88 STREET, #250	MIAMI, FL 33186

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-383-0363

CR2E081 (01/04)

CONTINENTAL PROVIDERS SERVICES, INC.
13550 SW 88 STREET
MIAMI, FL 33186

April 6, 2004

Department of State
Division of Corporations

To Whom It May Concern:

This letter is to inform you that previous notices were not received to renew the Company Name. As per your office instructions we are mailing \$300.00 to reinstate for the outstanding years.

Sincerely,

Roxana Manteiga