

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC 18 PM 12:49

**DOCUMENT # P99000052489**

1. Corporation Name  
**HEALTH MANAGEMENT SERVICES GROUP, INC.**

Principal Place of Business	Mailing Address
8105 SOUTHWEST 138TH STREET MIAMI FL 33158	8105 SOUTHWEST 138TH STREET MIAMI FL 33158

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1999	
City & State		City & State		5. FEI Number	
				65-0925821	
Zip		Zip		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT** *(Handwritten mark)*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	KOVACS, JOHN	8105 SOUTHWEST 138TH STREET	MIAMI FL 33158

100003515121--5  
 -12/28/00--01008--017  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

*(Handwritten signature)*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name: <u>JOHN E. KOVACS</u> Street Address (P.O. Box Number is Not Acceptable): <u>1393 SW 1ST # 302</u> Suite, Apt. #, Etc.: City: <u>MIAMI</u> State: <u>FL</u> Zip Code: <u>33135</u>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *(Signature)* Date: 12/5/00  
 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)* Date: 10/23/00 Daytime Phone #: 305-644-0099  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)