

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P99000053829

1. Corporation Name

J & A MEDICAL CONSULTANTS, INC.
10471 S.W. 40th STREET
MIAMI, FLORIDA 33165

600010389956
01/21/03--01072--003 **458.75

2. Principal Office Address

SAME AS ABOVE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

06/11/99

5. FEI Number

65-0926272

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

JOSE I. DIAZ

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

9001 S.W. 92nd COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

1-17-03

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
CORP. PRES.	JOSE I. DIAZ	9001 S.W. 92nd COURT	MIAMI, FL. 33176
VICE PRES.	ARMANDO J. FIGUEROA	4011 S.W. 129th AVE.	MIAMI, FLA. 33175

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 #

1-17-03

CR2E081 (9/01)

J & A MEDICAL CONSULTANTS

10471 S.W. 40TH STREET

MIAMI, FLORIDA 33165

January 17, 2003

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATION

P.O.-BOX.6327

TALLAHASSEE, FLA. 32314

RE: Letter Number: 603A00000475

Dear Sir/Madam:

Asper my conversation with Michelle Milligan, Document Specialist, on January 6, 2003, enclosed please find a reinstatement application duly executed, as well as a check in the amount of \$458.75. The check constitutes payment for the past years, as well as the additional fee required for a Certificate of Status. As explained to Ms. Milligan in our conversation, we moved from our previous address and never received the Uniform Business Report.

Upon receipt of this correspondence and the enclosed documents, please process said documents as soon as time permits.

Your prompt attention and cooperation in this matter is greatly appreciated.

Sincerely,

Armando J. Figueredo
Corp. Vice President