

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 APR -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089914

1. Corporation Name

PHY-MED STAFFING CORP.

Principal Place of Business

Mailing Address

8905 S.W. 87TH AVENUE #200
MIAMI FL 33176

8905 S.W. 87TH AVENUE #200
MIAMI FL 33176

REINSTATEMENT 2001-2002

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

10/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0958654

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PS	CORDOVA, DIEGO E JR.	8905 S.W. 87TH AVENUE #200	MIAMI FL 33176
VP	CORDOVA, DIEGO	8905 SW 87TH AVE #200	MIAMI FL

200005397042--0
-05/01/02--01019--024
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORDOVA, DIEGO E JR.
8905 S.W. 87TH AVENUE #200
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

0. 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

REGISTERED AGENT MUST SIGN

Date

1. 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

11/14/01

Date

305-925-8113

Daytime Phone #

CR2E040 (8/01)