

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 11 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000078741

**1. Corporation Name**

SPAIN MEDICAL SUPPLIES, INC.

**2. Principal Office Address**

1150 SW 22ND ST

Suite, Apt. #, etc.

20

City & State

MIAMI, FL

Zip

33129

Country

USA

**3. Mailing Office Address**

1150 SW 22ND ST

Suite, Apt. #, etc.

20

City & State

MIAMI, FL

Zip

33129

Country

USA

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

08/21/00

**5. FEI Number**



Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300022960903  
09/11/03--01027--004 \*\*1050.00

REINSTATEMENT 01-03

**7. Name and Address of Current Registered Agent**

Name

MIGUEL R SANCHEZ

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

1150 SW 22ND ST

Suite, Apt. #, Etc.

20

City

MIAMI

State

FL

Zip Code

33129

**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 090903

**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	MIGUEL R SANCHEZ	1150 SW 22ND ST SUITE 20	MIAMI, FL 33129

**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

MIGUEL R SANCHEZ

09/09/03

Date

Daytime Phone #

CR2E081 (10/02)

7/5/0