

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

17 SEP 29 AM 9:26

SEC. OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079242

1. Corporation Name

EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC

2. Principal Office Address - No P.O. Box #

3105 NW 107th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc

Suite 400

Suite, Apt. #, etc

City & State

Doral

City & State

Florida, USA

Zip

33172

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number
65-1031899

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James L Marco

Street Address (P.O. Box Number is Not Acceptable)
3105 NW 107th Ave

Suite, Apt. #, ETC

Suite 400

City
Doral

State
FL

Zip Code
33172

400804036004
03/25/17--01001--015 **900.00

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

James L Marco

REGISTERED AGENT MUST SIGN

Date 9/26/17

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	James L Marco	3105 NW 107th Ave	Doral, FL 33172

10. E-mail Address: jameseastemmed@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

James L Marco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/17

DATE

786-231-1763

DAYTIME PHONE #

James L Marco