

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -5 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097242

1. Corporation Name

A & D DURABLE MEDICAL EQUIPMENT INC.

600030328896
03/12/04--01015--003 **300.00

03-04

2. Principal Office Address

8600 NW SOUTH RIVER DRIVE

3. Mailing Office Address

2300 SW 97TH AVE

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

A112

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

Zip

33165

Country

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

09/09/2002

5. FEI Number

03-0481814

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

SUCEL PRIETO

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

2300 SW 97TH AVE

Suite, Apt. #, Etc.

A112

City

MIAMI

State

FL

Zip Code

33165

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

Sucel Prieto

REGISTERED AGENT MUST SIGN

Date 03/02/2004

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	SUCEL PRIETO	2300 SW 97TH AVE APT A112	MIAMI, FL 33165

03/15

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: *Sucel Prieto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2004

Date

(786) 210-6518

Daytime Phone #

CR2E081 (01/04)

Miami, FL, March 2, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

Ref: A & D DURABLE MEDICAL EQUIPMENT INC., Document No. P02000097242

Dear Sirs,

This is to inform you that A & D DURABLE MEDICAL EQUIPMENT INC. did not file its 2003 Annual Report because it changed its address to 2300 SW 97th Ave Suite A112, Miami, FL 33165 and, therefore, it did not receive the UBR Annual Report for 2003. Furthermore, since this company wants to remain active, we are sending Reinstatement Form for the company along with the payment of \$300 corresponding to the Annual Report fees for the years 2003 and 2004 for you to please reinstate this company.

Should you have further questions, please contact us at 786-210-6518. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



SUCEL PRIETO
President