

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -8 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000141463

1. Corporation Name

BEST FLORIDA MEDICAL SUPPLY INC.

REINSTATEMENT

07-08
JC418

CR2E081 (12/07)

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

2020 NE 163 STREET

Suite, Apt. #, etc.

STE: 201

City & State

N. MIAMI, FL

Zip

33162

Country

3. Mailing Office Address

2020 NE 163 STREET

Suite, Apt. #, etc.

STE: 201

City & State

N. MIAMI, FL

Zip

33162

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-08-2006

5. FEI Number

☒ 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

CARLOS MARRERO

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

2020 NE 163 STREET

Suite, Apt. #, Etc.

STE: 201

City

N. MIAMI

State

FL

Zip Code

33162

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
P/D	VICENTE PLANELL	2020 NE 163 STREET STE: 201	N. MIAMI, FL 33162
V/D	CARLOS MARRERO	2020 NE 163 STREET STE: 201	N. MIAMI, FL 33162

800122565198
04/08/08--01021--014 **300.00

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 contained in Chapter 119, 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 #