PLEASE READ ALL INSTRUCTIONS BEFORE C

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # Amended ANNUAL Report P93000062945

1. Corporation Name
G & G Medical Equipment, Inc

200001800272
-04/29/96--01131--011
*****36.25 *****36.25

200001800272
-04/29/96--01131--012
DO NOT WRITE WITH IN SPACE *****25.00

Mailing Address / Principal Place of Business
4471 N.W. 36 Street
Suite 249
Miami Spring, FL. 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
4471 N.W. 36 St.	4471 N.W. 36 St.
Suite, Apt. #, etc. 249	Suite, Apt. #, etc. Suite # 249
City & State Miami Spring	City & State Miami Spring
Zip FL. Country 33166	Zip FL. Country 33166

4. Date Incorporated or Qualified To Do Business in Florida 9/9/93

5. FEI Number 65-0453125 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Juanildek Estevez	4471 NW 36th St, S-249	Miami Spring, FL 33166

add 4/29/96

8. Name and Address of Current Registered Agent
Raul Hallue JR.
2775 W. Okeechobee RD.
Suite # 118
Hialeah, FL. 33010

9. Name and Address of New Registered Agent
Name JUANILDEK Estevez
Street Address (P.O. Box Number is Not Acceptable) 4471 N.W. 36 St.
Suite, Apt. #, Etc. Suite # 249
City Miami Spring State FL Zip Code 33166

CR2E045 (6/94)

10. 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 X _____ Date _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #