

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G02379**

1. Corporation Name

INTERNATIONAL MEDICAL EQUIPMENT, INC.

2. Principal Office Address

8384 N.W. 68th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

8384 N.W. 68th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1982

5. FEI Number

59-2229125

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

MAGDA RUIZ

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

8505 S.W. 4 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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
PRESIDENT	MAGDA RUIZ	8505 S.W. 4 STREET	MIAMI, FLORIDA 33144

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:

Magda Ruiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

DO NOT REMOVE /

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International Medical Equipment, Inc.
8384 N.W. 68 Street
Miami, Florida 33166
(305) 640-0522

Florida Department Of State Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Florida Department Of State Division Of Corporations,

I am writing this letter to explain the reason why we didn't file the Annual Report since 1999. On October 19, 1998 we moved from 175 Fountainbleau Blvd. Suit 1N3 Miami, Florida to the present address. Enclose is a copy of the contract to better assist you. We did the change of address at the Post Office and for some reason we didn't receive some mail since that date. If you take a look in our records you will find that from the date we became incorporated on 10/12/1982 we didn't fail submitting the Annual Report.

Respectfully yours,

Magda Ruiz

Magda Ruiz,
President
International Medical Equipment, Inc.