

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # J58117</b> 1. Entity Name <b>LAUDERDALE MEDICAL EQUIPMENT SERVICE, INC.</b>					
Principal Place of Business %JAMES J. BOWDEN 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305 US			Mailing Address %JAMES J. BOWDEN 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  BOWDEN, JAMES J. 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>10-9-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, JAMES J. 3031 NORTH OCEAN BLVD. FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080832701 10/13/06--01051--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BOWDEN, GWENDOLYN M. 3031 N. OCEAN BLVD FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>10-9-06</b> Daytime Phone #: <b>954-561-3996</b>	

FILED

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SEC. TALLAH.

*Handwritten initials*



**REINSTATEMENT** 2006

4. FEI Number 65-0000765 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required