

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN -5 AM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K33839**

1. Corporation Name

QUALITY MEDICAL RENTALS, INC.

Principal Place of Business

Mailing Address

1147 Palm Avenue
 Hialeah, FL 33010

1147 Palm Avenue
 Hialeah, FL 33010

XXXXXXXXXX00190

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0073029

Not Applied

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ~~STATE~~ ~~FEDERAL~~

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
P, V, S, T, D	Carlos R. Marrero	1147 Palm Ave.	Hialeah, FL 33010
			800003096328--6 01/12/00 01075-006 ***1238.50 ***1238.00
			REINSTATEMENT 97-00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carlos R. Marrero
 1147 Palm Ave.
 Hialeah, FL 33010

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 1/3/2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 included 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

1/3/2000

Date

Daytime Phone #