

CAPITAL CONNECTION

850 222 1222

10/03 '01 08:48 NO.363 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 DEC 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K33839

1. Corporation Name

Quality Medical Rentals,
Inc

2. Principal Office Address

9605 NW 79 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0073029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Humberto Alvarez

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

9605 NW 79 Ave

Suite, Apt. #, Etc.

Suite 9

City

Hialeah Gardens

State

FL

Zip Code

33016

9605 NW 79 Ave
-12/31/01--01049-015
****750.00 ****750.00

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

12-17-01

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
PSTD	Humberto Alvarez	9605 NW 79 Ave #9	Hialeah Gardens FL 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-17-01