PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59397

1. Corporation Name

OBA MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
C/O EDITH GOTTA 1821 CORAL GATE DRIVE MIAMI FL 33145-2248	C/O EDITH GOTTA 1821 CORAL GATE DRIVE MIAMI FL 33145-2248

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

REINSTATEMENT 96 AR

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2648 SW 87 AVE	2648 S.W 87 AVE
Suite, Apt. #, etc.: STE: C-209	Suite, Apt. #, etc.: STE: C-209
City & State: MIAMI FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33165 Country: U.S.A.	Zip: 33165 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 01/12/1989

5. FEI Number: 65-0170839 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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~~	~~GOTTA, EDITH~~	~~1821 CORAL GATE DRIVE~~	~~MIAMI FL~~
P+D	RAUL RODRIGUEZ	2648 S.W. 87 AVE # C209	MIAMI, FLORIDA 33165

900002003889--9
-11/13/96--01192--023
****375.00 ****375.00

8. Name and Address of Current Registered Agent

GOTTA, EDITH
1821 CORAL GATE DRIVE
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: RAUL RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 2648 S.W. 87 AVE
Suite, Apt. #, Etc.: SUITE # C-209
City: MIAMI State: FL Zip Code: 33165

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: RAUL SIGNATURE (RAUL RODRIGUEZ) Date: 9/27/96
REGISTERED AGENT MUST SIGN

11. 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.)

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: RAUL SIGNATURE - RAUL RODRIGUEZ - PRESIDENT 9/27/96 (305) 212-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)