

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT #** **L47932**

1. Corporation Name

**SOUTH FLORIDA MEDICAL EQUIPMENT COMPANY**

Principal Place of Business

Mailing Address

**5739 N.W. 7th Street  
Miami, Florida 33126**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/31/90**

5. FEI Number

**65-0171342**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

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/D	RODOLFO HERNANDEZ	5739 N.W. 7TH STREET	MIAMI, FL 33126
S/D	YOLANDA HERNANDEZ	5739 N.W. 7TH STREET	MIAMI, FL 33126

~~980882710000~~ 6  
-12/22/98--01051--010  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARK R. STARKMAN  
2655 LeJeune Road, PHI-D  
Coral Gables, FL 33134**

Name

**RODOLFO HERNANDEZ**

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

**5739 N.W. 7th Street**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33126**

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

*R Hernandez*

REGISTERED AGENT MUST SIGN

Date

**11/26/98**

11. This corporation owes or has paid 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)(l), 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:

*R Hernandez*  
**Rodolfo Hernandez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/26/98 261-8141**

CR2E040 (1/98)

**REINSTATEMENT 97-98**

APPROVED  
AND  
FILED  
98 DEC 14 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA