

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

98 DEC 14 PM 2:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L47932**

1. Corporation Name

**SOUTH FLORIDA MEDICAL EQUIPMENT COMPANY**

Principal Place of Business

Mailing Address

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

**REINSTATEMENT 97-98**

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 1/31/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0171342	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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

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 -12/22/98--01051--010  
 \*\*\*900.00 \*\*\*900.00

DR 12/15

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, FL  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rodolfo Hernandez**

Date

Daytime Phone #

12/26/98 261-8141

CR2E040 (1/98)