

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

00 DEC 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

DOCUMENT #

L93-330

1. Limited Liability Company's Name

ABEL MEDICAL EQUIPMENT + SUPPLY COMPANY, L.C.

2. Principal Office Address

2313 OKEECHOBEE RD

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip Country

34950 USA

3. Mailing Office Address

2313 OKEECHOBEE RD

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip Country

34950 USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

OCTOBER 1993

6. FEI Number

65-0440360

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KENNETH A. JACKSON

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

2301 OKEECHOBEE RD.

Suite, Apt. #, Etc.

City

FT. PIERCE

State

FL

Zip Code

34950

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Kenneth A. Jackson

REGISTERED AGENT MUST SIGN

Date

11/28/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DOMINIC SIANO	2313 OKEECHOBEE RD	FT. PIERCE, FL 34950
MGRM	KENNETH A. JACKSON	2301 OKEECHOBEE RD	FT. PIERCE, FL 34950

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Kenneth A. Jackson

Date

11/28/00

Daytime Phone #

561-464-3784

Typed or printed name of signing Managing Member/Manager

KENNETH A. JACKSON