

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004766

1. Corporation Name

ALL AROUND MEDICAL EQUIPMENT, INC

2. Principal Office Address

175 FONTAINBLEAU BLVD

3. Mailing Office Address

175 FONTAINBLEAU BLVD

Suite, Apt. #, etc.

SUITE # 2G2

Suite, Apt. #, etc.

SUITE # 2G2

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

DADE

Zip

33172

Country

DADE

REINSTATEMENT

10/28/03 01043 007 150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0974188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUCILA CARMONA

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

175 FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

SUITE # 2G2

City

MIAMI

State

FL

Zip Code

33172

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

[Signature] *[Signature]* *[Signature]* 11/10/03

REGISTERED AGENT MUST SIGN

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
PRESID	LUCILA CARMONA	175 FONTAINEBLEAU BLVD # 2G2	MIAMI, FLORIDA 33172

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] *[Signature]*

10/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRQE001 (10/02)

ALL AROUND MEDICAL EQUIPMENT, INC
175 FONTAINBLEAU BLVD.
SUITE # 2G2
MIAMI, FLORIDA 33172
305/227-9911

December 2, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: DOCUMENT # P00000004766
EIN # 65-0974188

To whom it may concern:

Please find enclosed a newly signed "Reinstatement Form". I had submitted this form in November and was advised today when I called it was never received.

We did make correction to Registered Agent's Name.

Please update the corporation as soon as possible.

Thank you for your assistance.

Sincerely,



Lucila Carmona
President

ALL AROUND MEDICAL EQUIPMENT, INC
175 FONTAINEBLUE BLVD.
SUITE # 2G2
MIAMI, FLORIDA 33172
305/227-9911

FLORIDA DEPT OF REVENUE
DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: P000004766 / #65-0974188

ALL AROUND MEDICAL EQUIPMENT, INC
ANNUAL REPORT

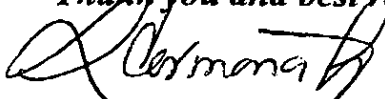
To whom it may concern:

Please find enclosed a Reinstatement Form for my corporation.
Unfortunately I have been having many problems with the postal delivery.
A lot of my mail has been going to another suite which is 262 instead of
my # 2G2.

This problem had not come to my attention until I had gotten complaints
from vendors that I had not paid some bills. I never received my annual
renewal form as I had gotten in the past. It has now come to my attention
through my bank that my corporation had been administratively dissolved
due to lack of payment.

I called the Florida Department Revenue and was advised to write a letter
to the above effect and submit my renewal fee of \$ 150.00. I have
herewith enclosed my \$ 150.00 and do hope that you will reconsider and
update my corporation.

Thank you and best regards,



Lucila Carmona
President