

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034623

1. Corporation Name

S.A. STAR MEDICAL EQUIPMENT, INC.

2. Principal Office Address

9901 N.W. 80TH AVENUE

Suite, Apt. #, etc.

SUITE 3D

City & State

HIALEAH GARDENS, FLORIDA

Zip

33016

Country

DADE

3. Mailing Office Address

9901 N.W. 80TH AVENUE

Suite, Apt. #, etc.

SUITE 3D

City & State

HIALEAH GARDENS, FLORIDA

Zip

33016

Country

DADE

REINSTATEMENT 03

600024168696

10/27/03--01070--004 **150.00

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

5. FEI Number

65-0996333

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

SAMARY VINA

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

9901 N.W. 80TH AVENUE # 3D

Suite, Apt. #, Etc.

SUITE 3D

City

HIALEAH GARDENS

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
PRESIDENT	SAMARY VINA	9901 N.W. 80TH AVENUE # 3D	HIALEAH GARDENS, FLORIDA 33016

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

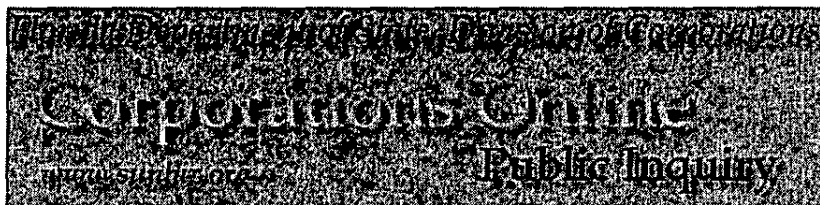
Date

Daytime Phone #

10/16/03 (305) 698-2559

10/16/03

CR2E081 (10/02)



Florida Profit

S.A. STAR MEDICAL EQUIPMENT, INC.

PRINCIPAL ADDRESS

9806 N.W. 80TH AVENUE, #12-J
HIALEAH GARDENS FL 33016

*old
address*

MAILING ADDRESS

9806 N.W. 80TH AVENUE, #12-J
HIALEAH GARDENS FL 33016

*old
address*

Document Number
P00000034623

FEI Number
650996333

Date Filed
04/04/2000

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT

Event Date Filed
09/19/2003

Event Effective Date
NONE

Registered Agent

Name & Address
SABALA, JULIO 9090 SW 85 AVE., STE. #10 MIAMI FL 33156
Name Changed: 07/16/2003
Address Changed: 07/16/2003

*NO Name
changed*

Officer/Director Detail

Name & Address	Title
SABALA, JULIO 9090 SW 85 AVE., STE. #10 MIAMI FL 33156	PD

**S.A. STAR MEDICAL EQUIPMENT, INC.
9901 N.W. 80TH AVENUE
SUITE # 3D
HIALEAH GARDENS, FLORIDA 33016
305/698-2559**

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

October 17, 2003

To whom it may concern:

Please advised that I am the owner and have been the only owner of the above corporation.

I was previously located at: 9806 N.W. 80th Avenue # 12-J, Hialeah Gardens, Fl. 33016. Unfortunately I never received my annual report. It has come to my attention through my accountant that several changes had occurred when she checked on the internet. There appears to be a new registered agent and new officer: I would like to know how this could of happen = this is very disturbing. At this point I don't appear in the public records as this being my corporation.

I called the Florida Department of Revenue and was advised to send \$ 150.00 and renewal and due to my change of address I would be waived the penalties fees.

I look forward to hearing from you and to clearing up this problem.

Sincerely,



**Samary Vina
President**