

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -4 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-03

DOCUMENT # 700000068816

1. Corporation Name

New Millenium Durable  
Medical Equipment, Inc

2. Principal Office Address

4355 W 16<sup>th</sup> Ave

3. Mailing Office Address

4355 W 16<sup>th</sup> Ave

Suite, Apt. #, etc.

Ste 203B

Suite, Apt. #, etc.

Ste 203B

City &amp; State

Hialeah, FL

City &amp; State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-1026746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Jennifer L. Ramos

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

4355 W 16<sup>th</sup> Ave

Suite, Apt. #, Etc.

Ste 203B

City

Hialeah

State  
FL

Zip Code

33012

000013908630

03/11/03--01018--001 \*\*750.00

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

2/26/03

## 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
PSTD	Jennifer L. Ramos	4355 W 16 <sup>th</sup> Ave	Hialeah, FL 33012
V	Daylet M. Yanes	" "	" "

000013908630  
03/11/03--01018--002 \*\*150.00

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)(f), 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

2/26/03

Date

Daytime Phone #