

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -7 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110240

1. Corporation Name

Sunshine Medical Equipment and
Supply

2. Principal Office Address

2087 Saxon Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2087 Saxon Blvd.

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32725

Country

Volusia

City & State

Deltona, FL

Zip

32725

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3689365

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

Yolanda Medina

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

120 Hibiscus Woods Ct.

Suite, Apt. #, Etc.

Apt. 3-D

City

Deltona

State
FL

Zip Code

32725

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

Yolanda Medina

REGISTERED AGENT MUST SIGN

Date 10-24-2002

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | Yolanda Medina | 120 Hibiscus Woods Ct. | Deltona, FL 32725 |
| CEO | Pablo Medina | 120 Hibiscus Woods Ct. | Deltona, FL 32725 |
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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:

Yolanda Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-2002 386-532-7594

Date

Daytime Phone #

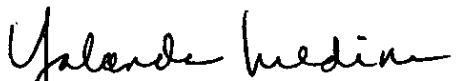
CR2E081 (8/01)

SUNSHINE MEDICAL EQUIPMENT AND SUPPLY
2087 SAXON BLVD.
DELTONA, FL 32725
TEL. 386-532-7594

To who it my concern:

For this means I make notify that from May 28, 2001 Sunshine Medical Equipment and Supply change the postal and local address. The new postal and local address is 2087 Saxon Blvd., Deltona, Florida, 32725. I notified five times the address change and local but we had not received the report of corporation renovation until the month of August of 2002. The previous postal address was P.O. Box 6135 and the local was 1521 April Ave. We are always in the biggest disposition of paying the fee of the renovation of corporation. I included the payment of \$150.00.

Thank for your attention:


YOLANDA MEDINA (CEO)