

To: FL Dept. of State
Subject: 001141.59116

From: Katie Wonsch

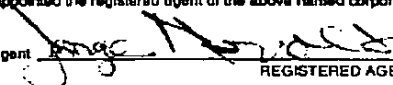
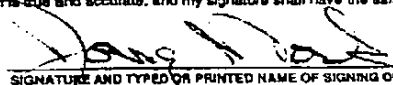
Monday, October 23, 2006 3:54 PM Page: 2 of 2

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COME

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000032533			
1. Corporation Name B & P Medical Equipment, Inc.			
2. Principal Office Address 7425 West 22 Avenue		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33016	Country USA	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 03/30/2001	
		5. FEEL Number 651092700	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 Jorge H. Morales			
Street Address (P.O. Box Number is Not Acceptable) 7425 West 22 Avenue			
Suite, Apt. #, Etc. Suite 101			
City Hialeah		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 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 10/20/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. S. D	Jorge H. Morales	7425 West 22 Ave., Suite 101	Hialeah, FL 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 contained in Chapter 119, 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: 		Date 10/20/06	Daytime Phone # (305) 789-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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NW/10/4

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Monday, October 23, 2006 3:54 PM Page: 1 of 2

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001141.59116

CORPORATION REINSTATEMENT

B & P MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

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Corporate Filing Menu

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