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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

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	3. Mailing Office Address
7425 West 22 Avenue	Same
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State
Zip: 33016 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: 03/30/2001

5. FEI Number: 651092700 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] 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)

Titles	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
		REINSTATEMENT 03-06	

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: [signature] 10/20/06 (305) 789-2726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MW 10/24

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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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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