

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042655

1. Corporation Name

G.V. MEDICAL SUPPLY INC.

2. Principal Office Address

42 NW 27 AVENUE

Suite, Apt. #, etc.

400-A

City & State

MIAMI, FLORIDA

Zip

33125

Country

US

3. Mailing Office Address

42 NW 27 AVENUE

Suite, Apt. #, etc.

400-A

City & State

MIAMI, FLORIDA

Zip

33125

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 04/27/2001

5. FEI Number

651099186

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

GUSTAVO VILLAZON

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

2012 SW 143 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

000028412860

02/09/04--01051--021 **308.75

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

Date

2/4/04

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,VP,T	GUSTAVO VILLAZON	2012 SW 143 CT	MIAMI, FL 33175

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:

Gustavo Villazon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

(786) 7977220

CR2E081 (01/04)