

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1086

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS</b>

FILED

03 NOV -3 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000118752**

1. Corporation Name

**ATHLETICA MEDICAL EQUIPMENT & SUPPLY, INC.**

Principal Place of Business

Mailing Address

5300 NW 77 CT  
MIAMI FL 33166

5300 NW 77 CT  
MIAMI FL 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

04-17-03 9017L 025 \$150.00

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2002	
City & State		City & State		5. FEI Number	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

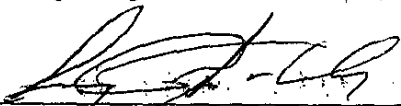
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	GUILLEN, SERGIO	5300 NW 77 CT	MIAMI FL 33166

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUILLEN, SERGIO A 5300 NW 77 CT MIAMI FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

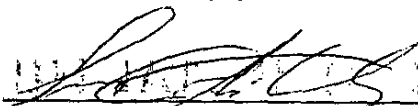


Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

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ATHLETICA MEDICAL EQUIPMENT & SUPPLY, INC. 2022

5300 NW 77 CT.

MIAMI, FL 33166

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH THE COPY OF THE PAID CHECK FROM THE FLORIDA DEPARTMENT OF STATE.

I NEVER RECEIVED THE REJECT LETTER FROM YOUR OFFICE REGARDING THE EIN NUMBER AND SIGNATURE OF THE OFFICER. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



SERGIO A. GUILLEN  
PRESIDENT