

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



000023938330  
 10/20/03--01014--030 \*\*750.00

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P02000008376**

1. Corporation Name

**ROSMAR MEDICAL EQUIPMENT INC.**

Principal Place of Business

Mailing Address

1061 SW 78 PLACE  
 MIAMI FL 33144

1061 SW 78 PLACE  
 MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4711 NW 79 Ave. #5E

City & State  
MIAMI FL

City & State

Zip  
33166

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
 To Do Business in Florida

01/24/2002

5. FEI Number

01-0607226

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
PD	MA LEYVA, RAQUEL	4711 N.W. 79 AVE., #5E	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NA LEYVA, RAQUEL  
 4711 N.W. 79 AVE., #5E  
 MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

REGISTER AGENT

Date

10/10/03

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)(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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAQUEL M. LEYVA  
 PRESIDENT

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)