

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 29 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023640

1. Corporation Name

MEDICAL EQUIPMENT, CORP.

16250 HIGHWAY 3

16250 HIGHWAY 3

2. Principal Office Address

16250 HIGHWAY 3

3. Mailing Office Address

16250 HIGHWAY 3

Suite, Apt. #, etc.

SUITE B3

Suite, Apt. #, etc.

SUITE B3

City & State

WEBSTER, TX

City & State

WEBSTER, TX

Zip

77598

Country

USA

Zip

77598

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/01/2002

5. FEI Number

04-3628036

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

ILEANA ARIAS TOVAR, ESQ.

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

1725 MAIN STREET

Suite, Apt. #, Etc.

SUITE 209

City

WESTON

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date **JUNE 18, 2004**

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
VTD	GUEVARA, ANTONIO	16250 HIGHWAY 3, SUITE B3	WEBSTER, TX 77598
PSD	OLIVARES, RUBEN	16250 HIGHWAY 3, SUITE B3	WEBSTER, TX 77598

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2004

Date

(281) 282-0505

Daytime Phone #

CR2E081 (01/04)

2072

June 18, 2004

**Via Certified Mail
Return Receipt Requested**

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of MEDICAL EQUIPMENT, CORP.
Doc # P02000023640
EIN: 04-3628036

Dear Sir:

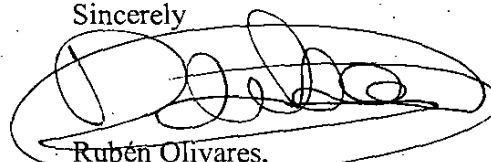
We hereby confirm that the Annual Business Report Notice for this company never arrived to our offices. We were represented by the incorporators, Arias Tovar & Associates, who in turn, changed their address. This is the reason why we are changing the mail address in the in the attached reinstatement to avoid any future inconvenience.

It is for the above-mentioned reason that we highly appreciate that you accept our apologies and waive the penalties imposed to the above mentioned corporation for late filing, since it was out of our control.

As instructed, we hereby enclose the Reinstatement Document, duly signed by an authorized Officer and our check in the amount \$300 to cover all renewal fees to bring the organization back to its good standing and active status.

We thank you once again for your efforts on our behalf and should you have any questions, please do not hesitate to contact me at (954) 385-2284

Sincerely


Rubén Olivares,
Director

enclosures.