

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 24 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000041066**

1. Corporation Name

CAPRI MEDICAL SUPPLY, INC.

Principal Place of Business

11117 WEST OKEECHOBEE ROAD
SUITE 107
HIALEAH GARDENS FL 33018

Mailing Address

11117 WEST OKEECHOBEE ROAD
SUITE 107
HIALEAH GARDENS FL 33018

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SOTOLONGO, ALBERTO	3375 WEST 76 ST	MIAMI FL 33016

500024098405
10/24/03 01075-002 **150.00

8. Name and Address of Current Registered Agent

SOTOLONG, ALBERTO
3375 WEST 76 ST
MIAMI FL 33016

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/21/03**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03
Date
786-5866441
786-346-6672
Daytime Phone #

CR2E040 (7/03)

**Capri Medical Supply, Inc.
11117 West Okeechobee rd
Suite#107
Hialeah Gardens, Fl 33018
Ph: 305-698-1156 Fax: 305-698-1256**

Date: 08/29/03

**Division of corporations
Uniform business report filings
P.o.Box 1500
Tallahassee , Fl 32302-1500**

To whom it may Concern:

This letter is to inform you that Capri Medical Supply did not received a prior Notice for the Filing business report.

I would like for somebody to consider my intension to file on time, but importunely I did not receive any documents prior to this report that I am sending now.

Please accept my payment of \$ 150.00 for the uniform report filing, and waive my \$ 400.00 dollars penalty on this matter.

If you have any questions please feel free to contact me at 305-698-1156

Thanks for your cooperation,



**Alberto Sotolongo
President**

**Capri Medical Supply, Inc.
11117 West Okeechobee rd
Suite#107
Hialeah Gardens, Fl 33018
Ph: 305-698-1156 Fax: 305-698-1256**

Date: 10/20/03

**Division of corporations
Uniform business report filings
P.o.Box 6327
Tallahassee, Fl 32314**

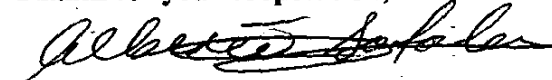
To whom it may Concern:

This letter is to inform you that I am attaching a previous letter sent to your office in reference to the filing of the annual report for Capri Medical supply Inc. Please consider that I have sent the check with a total of \$ 150.00 on 08/29/03 informing your office that we never received a previous notice and asking to please wave the penalty for not filing on time. I would like for somebody to consider my intension to file on time, but importunately I did not receive any documents prior to this report that I am sending now.

Please accept my payment of \$ 150.00 for the uniform report filing. I did notice that the address that was given to me before is different, Please contact my office immediately or my personal number:

If you have any questions please feel free to contact me at 305-698-1156 or Cell# 786-586-6440

Thanks for your cooperation,


**Alberto Sotolongo
President**