PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JAN 22 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000049865

1. Corporation Name

JD Medical supply Inc.

REINSTATEMENT 03-04

400027404434
01/22/04--01023--019 **300.00

2. Principal Office Address		3. Mailing Office Address	
2450 SW 137 Ave		2450 SW 137 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
206		206	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33175	USA	33175	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 01-0686992 ☐ 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
Noemi Fernandez

Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Avenue

Suite, Apt. #, Etc.
206

City
Miami

State FL | Zip Code 33175

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 NF

REGISTERED AGENT MUST SIGN

Date 1/12/04

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Noemi Fernandez	2450 SW 137 Ave Suite 206	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: NF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04
Date

(305) 225-7323.
Daytime Phone #