

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066386**

1. Corporation Name

**MedCare Medical Equipment
Services, Corp.**

600024171156
10/27/03--U1084--014 **500.00

2. Principal Office Address

9523 Sw 38st

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

U.S.A.

3. Mailing Office Address

7875 Sw 40st.

Suite, Apt. #, etc.

229

City & State

Miami, FL

Zip

33165

Country

U.S.A.

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/17/2002

5. FEI Number

42-1540024

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

NARUMY Chon

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

7875 Sw 40 st. Ste 229

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

[Signature]

Date

10/23/03

REGISTERED AGENT MUST SIGN

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
PST	Narumy Chon	7875 Sw 40st Ste. 229 Miami, FL 33165	Miami, FL 33165

600024171156
10/27/03--01084--015 **250.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

(305) 261-1120

Daytime Phone #

CR2E081 (W00)