

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000067423*

1. Corporation Name

SAN LAZARO Orthopedic Supply, Inc.

2. Principal Office Address

4069 E. 8th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4069 E 8th Ave

Suite, Apt. #, etc.

City & State

Hiialeah Florida

Zip

33013

Country

USA

City & State

Hiialeah Florida

Zip

33013

Country

USA

REINSTATEMENT *03*

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

5. FEI Number

83-0342123

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

Julio Sanchez

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

940 W 29th St #7

Suite, Apt. #, Etc.

City

Hiialeah FL 33013

State

FL

Zip Code

33013

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]

REGISTERED AGENT MUST SIGN

Date *10-24-03*

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
P.	<i>Julio Sanchez</i>	<i>940 W 29th St #7</i>	<i>Hiialeah FL 33013</i>

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

Date

10-24-03 (305) 984 1357

Daytime Phone #

October 24, 2003

To Whom It May Concern:

This letter is to inform you that San Lazaro Orthopedic Supply, Inc. didn't Receive their Annual Filing Report for renewal. Please accept this letter and reinstatement application to activate the corporation and thank you for your cooperation in this matter. Enclose is a check for 150.00 to cover filing fees.

Mr. Julio Sanchez
President 