

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02060075519

1. Corporation Name

Osly Medical Equipment Corp

REINSTATEMENT 03-04

600028012846
02/02/04--01058--009 **308.75

2. Principal Office Address

3455 E 4 Ave

Suite, Apt. #, etc.

4

City & State

thakah, FL

Zip

33013

Country

3. Mailing Office Address

3455 E 4 Ave

Suite, Apt. #, etc.

4

City & State

thakah, FL

Zip

33013

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2063414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dania O Ricardo

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

3455 E 4 Avenue

Suite, Apt. #, Etc.

4

City

thakah

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 607.0805 or 617.0303, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
PSD	Dania O Ricardo	3455 E 4 Avenue Suite 4	thakah FL 33013

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)(b), 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

Jan 20, 2004 (305) 693-8441

Date

Daytime Phone #

Osly Medical Equipment, Corp

*3455 East 4 Avenue, Suite 4 * Hialeah, FL 33013 * (305) 693-8441*

January 20, 2004

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

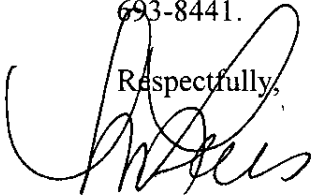
RE: ~~Osly Medical Equipment Corp~~
Document Number P02000075519

To Whom It May Concern:

Enclosed please find a completed Corporation Reinstatement for the above referenced Corporation along with a check in the amount of \$308.75 (\$150.00 for 2003 filing, \$150.00 for the 2004 filing, & \$8.75 for the Certificate of Status). Please accept this letter as my request to waive the reinstatement fee due to the fact that we never received our 2003 UBR Form.

Should you have any questions do not hesitate to contact me at (305) 412-9805 or Dunia at (305) 693-8441.

Respectfully,



Monica Luis

Enclosure