

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P02000090997

1. Corporation Name

MATCH DURABLE MEDICAL EQUIPMENT INC.

REINSTATEMENT

03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8826 W FLAGLER ST

3. Mailing Office Address
8826 W FLAGLER ST

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33174 US

Zip Country
33174 US

4. Date Incorporated or Qualified To Do Business in Florida 08/21/2002

5. FEI Number *74-3058654 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
JOSE DE JESUS CARCASSES

Street Address (P.O. Box Number is Not Acceptable)
8826 W FLAGLER ST

Suite, Apt. #, Etc.
210

City State Zip Code
MIAMI FL 33174

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 08/10/2007

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
PD	JOSE DE JESUS CARCASSES	8826 W FLAGLER ST #210	MIAMI, FL 33174

000108338120
08/20/07--01032--006 **750.00

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 contained in Chapter 119, 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

08/10/2007

Date

(786)325-5323

Daytime Phone #

2 of 2

Miami, FL, August 10, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

**Ref: MATCH DURABLE MEDICAL EQUIPMENT INC., Document
Number: P02000090997**

Dear Sirs,

This is to inform you that MATCH DURABLE MEDICAL EQUIPMENT INC. did not file its 2003 because the Annual Report Notice sent by you was never received and the company changed mailing address. Furthermore, this caused the failure to file for the years 2004, 2005, 2006 and 2007 as well. Therefore, since we want to keep this company ACTIVE and we want to be current, we are sending the payment for \$750.00 corresponding to the years 2003, 2004, 2005, 2006, and 2007 Annual Report fees along with the Reinstatement Form for this company reflecting the address changes for you to please verify and update your records accordingly. Moreover, we respectfully request for you to please waive the reinstatement fee imposed to this company due to the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (786) 325-5323. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Sincerely,

x 

JOSE DE JESUS CARCASSES
President