

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 19 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103684

1. Corporation Name

American JA MEDICAL Supply
Inc.

2. Principal Office Address

1001 N FEDERAL HWY

Suite, Apt. #, etc.

357

City & State

HALLANDALE FL

Zip

33009

Country

USA

3. Mailing Office Address

1001 N FEDERAL HWY

Suite, Apt. #, etc.

357

City & State

HALLANDALE FL

Zip

33009

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

11-3654467

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

AMARILIS CLARO

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

1001 N FEDERAL HWY

Suite, Apt. #, Etc.

357

City

HALLANDALE

State

FL

Zip Code

33009

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 11/14/03

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
PD	AMARILIS CLARO	1001 N FEDERAL HWY SUITE 357	HALLANDALE FL 33009

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]* Amarelis Claro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

954 709 8213

Daytime Phone #

CR2E081 (10/02)

TK