

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

192
04/14/03 90725 008 * 150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 AM 8:00

DOCUMENT # P02000109411

1. Corporation Name

OLYMPUS MEDICAL SUPPLY, INC.

Principal Place of Business

415 NW 136 COURT
MIAMI FL 33182
US

Mailing Address

415 NW 136 COURT
MIAMI FL 33182
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3901 NW 79 Ave.

Suite, Apt. #, etc.

Suite: 114

City & State
Miami, FL

Zip
33166

Country

US

3. New Mailing Office Address, If Applicable

3901 NW 79 Ave.

Suite, Apt. #, etc.

Suite: 114

City & State
Miami, FL

Zip
33166

Country

US

REINSTATEMENT

03 MRS

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2002

5. FEI Number

16-1633237

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VALDES, DASMILL	415 NW 136 COURT	MIAMI FL 33182

8. Name and Address of Current Registered Agent

VALDES, DASMILL
415 NW 136 COURT
MIAMI FL 33182

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

Date

11. 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

282

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

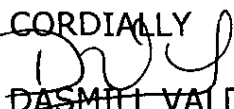
TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION I AM ENCLOSING THE REINSTATEMENT FORM
ALONG WITH THE COPY THE CANCELLED CHECK. I ALSO INFORM YOU THAT
I DID NOT RECEIVE ANY NOTICE FROM YOUR OFFICE REGARDING THE
REJECT LETTER. I AM SENDING THE FORM WITH ALL THE CORRECTIONS
NECESSARY IN ORDER TO PROCESS THIS AS SOON AS POSSIBLE.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


DASMILL VALDES
PRESIDENT