

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P02000110005*

1. Corporation Name

L.A. Medical Rental Inc.

2. Principal Office Address

1490 W 49 Place

Suite, Apt. #, etc.

540

City & State

Hialeah, Florida

Zip

33012

Country

U.S.A.

3. Mailing Office Address

1490 W 49 Place

Suite, Apt. #, etc.

540

City & State

Hialeah, Florida

Zip

33012

Country

U.S.A.

REINSTATEMENT *0304*

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

13-4216977

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

Liverd Alvarez

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

2420 W 54 Place

Suite, Apt. #, Etc.

City

Hialeah

600032496246

*04/12/04--01115--018 **400.00*

600032496246

*04/12/04--01115--019 **500.00*

State
FL

Zip Code

33012

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

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
<i>President</i>	<i>Liverd Alvarez</i>	<i>2420 West 54 Place</i>	<i>Hialeah / FL / 33012</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

Daytime Phone #