

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000117977

1. Entity Name
I & J MEDICAL SUPPLIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 29 PM 1:26

Principal Place of Business
10550 NW 77TH CT., SUITE 310
HIALEAH, FL 33016

Mailing Address
10550 NW 77TH CT., SUITE 310
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282008

REIN-P

CR2E098 (1/07)

4. FEI Number
61-1430841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONCEPCION, RITA
10550 NW 77TH CT., SUITE 310
HIALEAH, FL 33016

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CONCEPCION, RITA
10550 NW 77TH CT., SUITE 310
HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100137621651
11/04/08--01033--004 **150.00 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #