

10FZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAY 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000119956

1. Corporation Name Southern Medical Supply U.S.A., INC
1873 W FLAGLER ST suite 2
MIAMI FL 33135

600037733266
06/08/04--01006--008 **150.00

03-04

2. Principal Office Address <u>1873 W FLAGLER ST</u> Suite, Apt. #, etc. <u>Suite # 2</u> City & State <u>MIAMI FL</u> Zip <u>33135</u> Country <u>USA</u>		3. Mailing Office Address <u>1873 FLAGLER ST</u> Suite, Apt. #, etc. <u>Suite # 2</u> City & State <u>MIAMI FL</u> Zip <u>33135</u> Country <u>USA</u>	
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4. Date Incorporated or Qualified To Do Business in Florida 11-15-02

5. FEI Number 13-4221464 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

04/23/03 90249 0/6 150.00

7. Name and Address of Current Registered Agent

Name Antonio Garcia
Street Address (P.O. Box Number is Not Acceptable) 1873 W. FLAGLER ST.
Suite, Apt. #, Etc. Suite # 2
City MIAMI, FL 33135

REINSTATEMENT

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

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
President	Antonio Garcia	1873 W FLAGLER ST suite 2	MIAMI, FL 33135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (305) 644-0859
Date Daytime Phone #

CR2E081 (01/04)

2 of 2

Southern Medical Supply U.S.A., Inc.

1873 West Flagler Street

Suite II

Miami, Fl. 33135

(305) 644-0859

May 20, 2004

Florida Department of State

Division of Corporations

P.O. Box 6850

Tallahassee, Fl. 33314

RE: Southern Medical Supply U.S.A., Inc.

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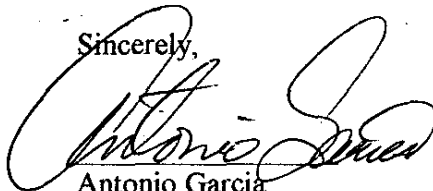
Dear Sir or Madam:

This letter is on response to the one sent to me on May 14, 2004 and with it I will like to certify that on April 21, 2003 I filed and sent my uniform business report. Further more enclosed you will find a copy of the report and a copy of the cancel check made to the Division of corporations for the amount of \$150.00. After that I never received any correspondence form the Division of corporations.

I hope the enclosed information is enough to clarify this problem, so I am also enclosing the uniform business report for 2004 and the check that was returned by your office.

If more information is needed please do not hesitate to contact me at the above telephone number.

Sincerely,



Antonio Garcia
President