

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 AM 10:37

DOCUMENT # **P02000120190**

1. Corporation Name

MIAMI SURGICAL EQUIPMENT INC

2. Principal Office Address

1325 NW 93rd Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

B-102

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33172

Country

Zip

Country

300065183173
02/03/06--01047--008 **458.75
CRZE081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

050538831

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

MARISOL MEDINA

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

1325 NW 93rd Ct

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33172

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

01-17-06

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 |
|----------|--------------------------------------|--|--------------------|
| P | MARISOL MEDINA | 1325 NW 93rd Ct. SUITE B-102 - MIAMI FL 33172 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B. 1/24/06

REINSTATEMENT 04-06

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 contained in Chapter 119, 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:

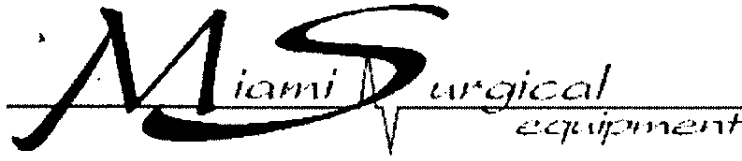
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17-06

Date

305/592 8383

Daytime Phone #



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1325 NW 93rd Ct, Suite B-102
Miami, Florida 33172
Tel (305) 592 8383
Fax (305) 592 8683
www.miamisurgicalequipment.com
Email: sales@miamisurgicalequipment.com

January 17, 2006

Florida Dept of State
Secretary of State
Division of Corporations

Re: Document No. P02000120190

Gentlemen:

Attached herewith please find a Corporation Reinstatement form for Miami Surgical Equipment Inc not reinstated since 2004.

Please be aware that we did not receive the Reinstatement form for the year 2004 as, at the time we changed our accountant who was acting as the Registered Agent.

I kindly ask you to waive the Reinstatement Penalty fee. To activate my corporate account again I am enclosing the current reinstatement per your instructions over the phone this afternoon, along with a Certificate of Status in the total amount of \$458.75

Many thanks for your consideration.

Sincerely yours,

Marisol Medina
President

Attached: Check No. 1899 Payable to Florida Dept of State
Reinstatement Form