

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

04 MAR 12 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129651

1. Corporation Name

JB MEDICAL SUPPLIES, INC.

2. Principal Office Address

2104 NW 99TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2104 NW 99TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

BARZAGA, JUAN O.

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

7296 WEST 35TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33018

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]

Date 03-10-2004

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
D, P	BARZAGA, JUAN O.	7296 WEST 35TH AVENUE	HIALEAH, FL 33018

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]

JUAN O. BARZAGA, PRES.

03-10-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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**JB Medical Supplies, Inc.
2104 NW 99th Avenue
Miami, Florida 33172**

RE: P02000129651

March 10, 2004.

To whom it may concern:

Enclosed please find the Request for Reinstatement for JB Medical Supplies, Inc. We never received a Uniform Business Report Form for 2003. Since we were in the process of securing financing and Business Licenses for the Corporation, the non-receipt of the UBR went unnoticed. However, as we get near the starting of business activities, and while checking that all details were taken care of, we realized that the 2003 UBR was missing.

Please accept our filing and the enclosed fee for 2003 and 2004.

Sincerely,



**Juan O. Barzaga, President
JB Medical Supplies, Inc.**