

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000150975

1. Corporation Name

Y & E Medical Equipment, INC

2. Principal Office Address

175 Fontainebleau Blvd.

3. Mailing Office Address

175 Fontainebleau Blvd.

Suite, Apt. #, etc.

2M-3

Suite, Apt. #, etc.

2M-3

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12-12-03

5. FEI Number

20-0493417

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Enrique Galvez

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

8020 West Drive

Suite, Apt. #, Etc.

262

City

North Bay Village

State
FL

Zip Code

33141

900042120329
10/25/04 01005 020 **150.00

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 10-19-04

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
Y - Consultant	Enrique Galvez	1625 MEMORY CUNNY APT-507-A	NORTH BAY VILLAGE FL-33141
P	Enrique Galvez	8020 West Drive, # 262	North Bay Village, FL 33141

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: X

[Signature] - Enrique Galvez - President

10-19-04

786-356-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2022

Y & E Medical Equipment, INC
175 Fontainebleau Blvd, Suite 2M-3
Miami, Fl 33172
Ph: 305-485-9717 Fax: 305-485-8746

October 19, 2004

Department of State
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Fl 32314

Ref: Waiving of Reinstatement Fee

Dear Sir or Madam:

We have just discovered that we did not send an annual report fee on time, and that, consequently, our corporation has undergone an administrative dissolution, effective September 17, 2004.

However, since we never received an annual report notice, and this year's hurricane season has been disruptive to both our business and the efficiency of the post office, we would like to see the reinstatement fee waived in our case.

Enclosed with this letter is the regular annual report fee required per instructions given on your 1-850-245-6059 hotline, totaling **\$150.00**.

If you still decide we have to pay the reinstatement fee, please notify us using the contact information in the header.

Thank you.



Enrique Galvez
President