

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154983

1. Entity Name
D.B. MEDICAL EQUIPMENT, INC.



Principal Place of Business

180 W 58 ST
HIALEAH, FL 33012

Mailing Address

180 W 58 ST
HIALEAH, FL 33012

2. Principal Place of Business

215 SW 17 Ave

Suite, Apt. #, etc.

309

City & State

Miami FL

Zip

33130

Country

U.S.A

3. Mailing Address

215 SW 17 Ave

Suite, Apt. #, etc.

309

City & State

Miami FL

Zip

33130

Country

U.S.A

FILED

05 FEB -9 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAEZ, DAMISET
180 W 58 ST
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

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

MICHAEL T. HENNING

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

2/8/05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P BAEZ, DAMISET 180 W 58 ST HIALEAH, FL 33012 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
900047550719 03/02/05--01007--018 **150.00

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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 exemption stated in Section 119.07(3)(l), 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

2/8/05 786-267-3995

Date

Daytime Phone #