

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000014499

1. Corporation Name

SABRINA'S MEDICAL SUPPLIES, INC.

2. Principal Office Address

12355 SW 129 CT

3. Mailing Office Address

12355 SW 129 CT

Suite, Apt. #, etc.

Suite # 14

Suite, Apt. #, etc.

Suite # 14

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Miami Dade

Zip

33186

Country

Miami-Dade

CR2E081 (12/05)

06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3783773

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

CUBA, JUAN A

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

14812 SW 81 ST

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date

04/06/26

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--	CUBA, JUAN A	14812 SW 81 ST	Miami, 33193

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

Date

04/06/26 (305) 238 1323

Daytime Phone #

FILED

06 APR 13 PM 2:14

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS