

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000058436

1. Entity Name  
OPEN SKIES MEDICAL SUPPLIES, INC.



Principal Place of Business  
11117 WEST OKEECHOBEE ROAD  
SUITE 116  
HIALEAH GARDENS, FL 33018

Mailing Address  
11117 WEST OKEECHOBEE ROAD  
SUITE 116  
HIALEAH GARDENS, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0968110

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO  
7951 S.W. 40TH STREET  
SUITE 306  
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$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 PVST ☐ Delete  
NAME CASTANEHA, VANESSA  
STREET ADDRESS 11117 WEST OKEECHOBEE ROAD SUITE 116  
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE D ☐ Delete  
NAME CASTANEHA, VANESSA  
STREET ADDRESS 11117 WEST OKEECHOBEE ROAD SUITE 116  
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
05 NOV -9 PM 3:16

3/24/05 90830541150.00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

T. Robert NOV 11 2005

11/1/05 305-261-6251