

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV -8 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900061629129

11/22/05--01065--009 \*\*750.00

REINSTATEMENT 2005

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000098177

1. Corporation Name

LATIN AMERICAN MEDICAL SUPPLY CORP

2. Principal Office Address

5600 SW 135 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

--#213A

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33183

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1311244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Handal Jr

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

2782 NW 79 Ave

Suite, Apt. #, Etc.

City

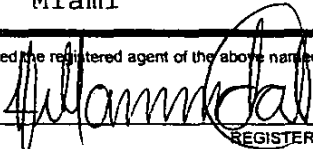
Miami

State  
FL

Zip Code  
33122

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



Date

11/03/05

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
PD	Harry M. Bilgray	5600 SW 135 Ave	Miami FL 33183
VP	Agustin Cela	5600 SW 135 Ave	Miami FL 33183

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/05