FROM : LAZARUS FAX NO. : 3052201440 Feb. 02 2007 02:08PM P1

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -5 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

02022007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000014360

1. Entity Name
A & C MEDICAL SUPPLIES INC

Principal Place of Business
12237 SW 32 CT
MIAMI, FL 33186

Mailing Address
12237 SW 32 CT
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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

OCEGUERA, ARMANDO
6834 SW 158TH PASSAGE
MIAMI, FL 33193

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OCEGUERA, ARMANDO		NAME		
STREET ADDRESS	6834 SW 158TH PASSAGE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	200088228742	☐ Change ☐ Addition
NAME			NAME	02/13/07--01013--020 **300.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #