

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000066283**

**1. Corporation Name**

**DIAGNOSTIC MEDICAL EQUIPMENT  
SOLUTIONS CORP.**

**2. Principal Office Address - No P.O. Box #**

**1581 BRICKELL AVENUE**

Suite, Apt. #, etc.

**207**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**USA**

**3. Mailing Office Address**

**1581 BRICKELL AVENUE**

Suite, Apt. #, etc.

**207**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**USA**

**7. Name and Address of Current Registered Agent**

Name

**MIGUEL MACHUCA**

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

**1581 BRICKELL AVENUE**

Suite, Apt. #, Etc.

**207**

City

**MIAMI**

State

**FL**

Zip Code

**33129**

**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 **1-10-2008**

**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
PSD	MIGUEL MACHUCA	1581 BRICKELL AVENUE # 207	MIAMI, FL 33129

**REINSTATEMENT**

**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

**1-10-2008**

Date

Daytime Phone #

**FILED**

**2008 JAN 11 PM 2:39**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5001 15204055  
01/15/08--01/15/08 \$450.00  
CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**05/05/2005**

**5. FEI Number**  
**20-2941219**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**