

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071975

1. Entity Name  
UNLIMITED MEDICAL SUPPLIES CORP.



Principal Place of Business

1840 W. 49 ST.  
SUITE 409  
HIALEAH, FL 33012

Mailing Address

1840 W. 49 ST.  
SUITE 409  
HIALEAH, FL 33012

2. Principal Place of Business

1840 W 49st  
Suite, Apt. #, etc. 305

3. Mailing Address

1840 W 49st  
Suite, Apt. #, etc. 305

City & State

Hialeah FL  
Zip 33012 Country

City & State

Hialeah FL  
Zip 33012 Country



REINSTATEMENT

4. FEI Number

202-865-356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACAYA, FRANCISCO  
1155 W 77TH ST.  
APT. 105 C  
HIALEAH, FL 33014

Address Change  
Only

7. Name and Address of New Registered Agent

Name

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

1840 W 49st Suite 305 Hialeah FL  
City FL Zip Code 33012

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, 2007, 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 PD  
NAME MACAYA, FRANCISCO  
STREET ADDRESS 1155 W. 77TH APT. 105 C  
CITY-ST-ZIP HIALEAH, FL 33014  
☐ Delete  
Address Change  
Only

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 1840 W 49st  
STREET ADDRESS Suite - 305  
CITY-ST-ZIP Hialeah FL 33012  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell SEP 21 2006