

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILING

07 DEC 18 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-20-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000011379

1. Corporation Name

C&M MEDICAL EQUIPMENT CENTER, INC.

2. Principal Office Address - No P.O. Box #
1835 W FLAGLER ST

3. Mailing Office Address
1835 W FLAGLER ST

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33135

Country
USA

Zip
33135

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 01/25/2006

5. FEI Number 20-4223804

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HERNANDEZ, ANA M

Street Address (P.O. Box Number is Not Acceptable)
1738 NW 31 ST. 33142

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33142

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ana M. Hernandez

Date 12-12-07

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
PT	MARIA OLIVARES	2330 NW 102 AVE BAY # 2	MIAMI FLORIDA 33172

400113217714
12/18/07--01011--013 **750.00

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:

Ana M. Hernandez

12-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #