

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:01

DOCUMENT # **P06000053368**

1. Corporation Name

ALBA MEDICAL SUPPLY, IC.

100139229001
12/23/08--01015--010 **300.00

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

1901 NW 7ST

Suite, Apt., etc.

#105

City & State

Miami FL

Zip

33125

Country

USA

3. Mailing Office Address

SAME.

Suite, Apt., etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0826916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

07-08

7. Name and Address of Current Registered Agent

Name

ALBA G. PEREZ.

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

1901 NW 7ST

Suite, Apt., Etc.

#105

City

Miami

State

FL

Zip Code

33125

☒ 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

[Signature]

Date

12-18-08

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
P	ALBA G. Perez	1901 NW 7ST #105	Miami FL 33125

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-08

Daytime Phone #