APPROVED AND FILED

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H98000020712 9

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 NOV -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007159

1. Corporation Name

ADEL MEDICAL RENTAL SUPPLIES

Principal Place of Business	Mailing Address
1440 S. BAYSHORE DR. #810 MIAMI, FL 33132	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2895 S.W. 69 CT.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33155 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/92

5. FEI Number: 65-0371899 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT-	ALFREDO DELGADO	7501 S.W. 100 AVE.	MIAMI, FL 33173
SEC./ TREAS.	ZULITA DELGADO	151 CRANDON BLVD. #102	KEY BISCAYNE, FL 33149

8. Name and Address of Current Registered Agent

ALFREDO DELGADO
7501 S.W. 100 AVE.
MIAMI, FL 33173

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Alfredo De Jesus -ALFREDO DELGADO
REGISTERED AGENT MUST SIGN

Date: 11/5/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Alfredo De Jesus 11/05/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Prepared by: Alfredo Delgado 7501 SW 100 Ave. Miami, Fl 33173
(305) 275-8051

Florida Department of State

Division of Corporations

Public Access System

Sandra B. Mortham, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ADEL MEDICAL RENTAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00