

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
917 FOR  
REINSTATEMENT

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10/30

97 OCT 30 PM 12:14

DOCUMENT # P93000002452

1. Corporation Name

CARIBBEAN MEDICAL EQUIPMENT, INC.

Principal Place of Business

5880 W. 20TH AVENUE  
HIALEAH FL 33016  
US

Mailing Address

5880 W. 20TH AVENUE  
HIALEAH FL 33016  
US

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

2. New Principal Office Address, If Applicable

7770 WILES ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7770 WILES ROAD

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1993

5. FEI Number

65-0381957

Applied For

Not Applicable

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GUTIERREZ, JUAN B	5828 WEST 20TH AVE. 7770 WILES ROAD	HIALEAH FL 33016 33067 CORAL SPRINGS FL.
D	GUTIERREZ, DULCE	5828 WEST 20TH AVE. 7770 WILES ROAD	HIALEAH FL 33016 33067 CORAL SPRINGS FL
			4000002336334--0 -11/03/97--01100--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GUTIERREZ, JUAN B

5828 WEST 20TH AVE.  
HIALEAH FL

7770 WILES ROAD  
CORAL SPRINGS, FL  
33067

9. Name and Address of New Registered Agent

Name

JUAN B GUTIERREZ / DULCE GUTIERREZ

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

7770 WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

10-28-97 (952) 746-2412  
Date Daytime Phone #

CR20040 (8/97)