02/25/97 17:06 NO.479 D02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

H97000003299

97 FEB 25 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

REINSTATEMENT 96-97

DOCUMENT # P93000004063

1. Corporation Name

J & M MEDICAL SUPPLY INC.

Principal Place of Business	Mailing Address
7235 SW 24th St. Suite 208 Miami, FL 33155	

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
5209 NW 74th Ave.	8357 W. Flagler St.
Suite, Apt. #, etc.: 201-B	Suite, Apt. #, etc.: Suite 358
City & State: Miami, Fl 33155	City & State: Miami, Florida
Zip: 33155 Country:	Zip: 33144 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/19/1993

5. FEI Number: 65-0380753 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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
P	Maria Linares	443 SW 80 ave, Apt 101	Miami, FL 33144

AR 2/25/97

8. Name and Address of Current Registered Agent

Maria Linares
443 SW 80 Ave.
Miami, FL 33144

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

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: Maria Linares Date: 2/25/97
REGISTERED AGENT MUST SIGN

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 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: Maria Linares 2/25/97 (305) 706-0410
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Maria Linares 5209 NW 74th Ave. Ste 201-B
Miami, FL 33155

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02/25/97 17:06 NO.479 D01

2/25/97 FLORIDA DIVISION OF CORPORATIONS 3:27 PM
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(((H97000003299 9)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: J & M MEDICAL SUPPLY INC.
AUDIT NUMBER.....H97000003299
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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EST.CHARGE.. $923.75

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** ENTER 'M' FOR MENU. **

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