

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT  
2003**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007690

**1. Corporation Name**

CROSS SHIELD MEDICAL EQUIPMENT AND  
RENTALS CORP.

**2. Principal Office Address**

4471 NW 36TH ST.

Suite, Apt. #, etc.

218

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

4471 NW 36TH ST.

Suite, Apt. #, etc.

218

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/01/93

**5. FEI Number**

65-0383751

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

ROBERTO VALDES

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

210 SW 56TH ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

**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

Date 11/26/03

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
PD	IDALMIS MONDEJAR	550 SO. 115 AVE EZ	MIAMI, FLORIDA 33174

**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 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:**

IDALMIS MONDEJAR, PRES. 11/26/03 (786) 346-2304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)