PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 AUG 28 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018917**

1. Corporation Name
BECO DURABLE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
2500 S.W. 107 AVE. SUITE #42 MIAMI FL 33165 US	512 S.W. 109 AVE. SUITE #101 MIAMI FL 33174 US

400002633084--1
-09/04/98--01137--001
****900.00 ****900.00

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
OCARIS FERNANDEZ	OCARIS FERNANDEZ
Suite, Apt. #, etc. 175 Fountainebleau Blvd	Suite, Apt. #, etc. 175 Fountainebleau Blvd.
City & State Suite #2J1 Miami Fl.	City & State Suite #2J1 Miami FL.
Zip 33172 Country U.S.A.	Zip 33172 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/1993

5. FEI Number: 65-0392641 ☐ 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)

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
VD	BENITEZ, GUILLERMO V	11572 S.W. 5TH ST.	MIAMI FL 33174
PD	OCARIS FERNANDEZ	618 NW 128 PL	MIAMI FL 33182
TS.	LAZARA R. FLORES	10240 SW 4 ST	MIAMI FL 33174

REINSTATEMENT
400002633084--1
-09/04/98--01137--002
******8.75 ******8.75

8. Name and Address of Current Registered Agent

GUILLERMO, BENITEZ V.
11572 S.W. 5 STREET
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name: OCARIS FERNANDEZ (President)
Street Address (P.O. Box Number is Not Acceptable): 175 Fountainebleau Boulevard
Suite, Apt. #, Etc.: Suite # 2J1
City: Miami State: FL Zip Code: 33172

CR2E040 (8/97)

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: Guillermo V Benitez Date: 07-16-98
REGISTERED AGENT MUST SIGN

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: Guillermo V Benitez 07-16-98 305 2275726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #