

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:13

DOCUMENT # 993000023452

1. Corporation Name

MULTIMED SERVICES MEDICAL SUPPLIES  
AND EQUIPMENT, INC

Principal Place of Business

Mailing Address

(SAME)

913 SW 87 AVE #B  
MIAMI, FL 33165

REINSTATEMENT 94-95

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

2. New Principal Office Address, If Applicable

913 SW 87 AVE  
Suite, Apt. #, etc. B

3. New Mailing Office Address, If Applicable

913 SW 87 AVE  
Suite, Apt. #, etc. B

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0583786

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required  
for a Certificate of Status

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33165

Country  
U.S.A.

Zip  
33165

Country  
U.S.A.

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	OREL FERNANDEZ	7165 W 12 LN, HIALEAH FLORIDA 33014	HIALEAH, FL, 33014
V	DEYANIRE M. GARCIA	8220 NW 154TH TERR	MIAMI LAKES, FL 33016

500003021105--1  
-10/21/99--01070--032  
\*\*\*1500.00 \*\*\*1500.00

DR 10/19

8. Name and Address of Current Registered Agent

DEYANIRE M. GARCIA  
8220 NW 154TH TERR  
MIAMI LAKES, FL 33016

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

REGISTERED AGENT MUST SIGN

Date 10/9/99

11. This corporation owes 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: DEYANIRE M. GARCIA X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/99

Date

(305) 558 5810

Daytime Phone #

CR2E081 (12/98)