

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:03

DOCUMENT # **P93000028513**

1. Corporation Name

P & C Medical Equipment, Inc.

2. Principal Office Address

P & C Medical Equipment

Suite, Apt. #, etc.

3410 SW 107th Ave

City & State

Miami, Florida

Zip

33165

Country

U.S.A.

3. Mailing Office Address

3410 SW 107th Ave

Suite, Apt. #, etc.

Suite # C

City & State

Miami, Florida

Zip

33165

Country

U.S.A.

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1993

5. FEI Number

65-0411507

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

Paula Carrera

700003440327-2

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

12811 NW 6th Street

-10/26/00-01052-010

******750.00 ****750.00**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

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

Paula Carrera

REGISTERED AGENT MUST SIGN

Date **10/9/00**

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
President	Paula Carrera	12811 NW 6 th Street	Miami, FL 33182

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: **Paula Carrera (Paula Carrera)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/9/00**

(305) 227-4255
Daytime Phone #

CR2081 (9/99)