PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV 12 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P93000058925**

1. Corporation Name

LEMARE MEDICAL, INC.

Principal Place of Business	Mailing Address
~~8681 NW 18TH TERR~~	~~8681 NW 18TH TERR~~
~~MIAMI FL 33172~~	~~MIAMI FL 33172~~
US	US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1200 NW 78 Avenue	1200 NW 78 Avenue
Suite, Apt. #, etc.: Suite 209	Suite, Apt. #, etc.: Suite 209
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/23/1993

5. FEI Number: 11-3172679 ☐ 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
P	ESTAY, JULIO ~~F~~ JULIO E. ESTAY	2333 BRICKELL AVE, APT 1101	MIAMI FL 33129
VP	MILES, GABRIELA	9531 FOUNTANBLEAU BLVD #311	MIAMI FL 33172
S	ESTAY, GRETA	2333 BRICKELL AVE, APT 1101	MIAMI FL 33129
AS	MURATI, PATRICIA	~~2333 BRICKELL AVENUE #1103~~ 10639 NW 54th Street	MIAMI FL 33178

8. Name and Address of Current Registered Agent

SOMBERG, NORMAN
1110 BRICKELL AVE.
SUITE 700
MIAMI FL 33131

9. Name and Address of New Registered Agent

11/13/97 100002346611--2 -97318-01018--025 ***1500.00 ****750.00

Name: Norman Somberg
Street Address (P.O. Box Number Is Not Acceptable): 7700 North Kendall Drive
Suite, Apt. #, Etc.: Suite 610
City: Miami State: FL Zip Code: 33156

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: Norman Somberg — REGISTERED AGENT MUST SIGN — Date: 11/6/97

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: Patricia Murati — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/10/97 Date — (305) 591-1152 Daytime Phone #