

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000062219

1. Corporation Name Danmyl Medical Systems Inc
1840 West 49 Street
SUITE 718
Hialeah, FL 33012

2. Principal Office Address

1840 W. 49 St
Suite, Apt. #, etc. 718

City & State

Hialeah, FL

Zip

33012

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

9700

4. Date Incorporated or Qualified
To Do Business in Florida 9/7/93

5. FEI Number

65-0434406

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

ZAIMY AMADOR

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

8425 NW 165 Terr

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33016

000003315020-2

-07/06/00-01063-001

***1200.00 ***1200.00

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

Zaimy Amador
REGISTERED AGENT MUST SIGN

Date 6/19/00

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	<u>ZAIMY AMADOR</u>	<u>1840 W. 49 St #18</u>	<u>Hialeah, FL 33012</u>
			<u>LS</u>

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:

Zaimy Amador
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/19/00 (305) 628-2886

Daytime Phone #