

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 31 AM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073536

1. Corporation Name

P & M MEDICAL SUPPLIES, INC.
7821 SW 24 St. Suite 122
Miami, FL. 33155
USA

2. Principal Office Address

3. Mailing Office Address

7821 SW 24 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 122

City & State

City & State

Miami, FL.

Zip

Country

Zip

33155

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-22-93

5. FEI Number

65-0443727

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Ramon Trabazo

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

7821 SW 24 St.

Suite, Apt. #, Etc.

Suite 122

City

Miami

State
FL

Zip Code
33155

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

REGISTERED AGENT MUST SIGN

Date

3/29/2000

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
PD	TRABAZO, RAMON	7821 SW 24 St. Suite 122	Miami, FL. 33155
VD	RAMIREZ, MIRIAM B.	7821 SW 24 St. Suite 122	Miami, FL. 33155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ramon Trabazo

Pres 3/29/2000 (205) 269-8550

KE