

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APPROVED AND FILED 98 APR 27 AM 11:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="margin-top: 20px; text-align: left;"> 500002509075-- 9 -05/04/98--01008--021 ***1050.00 ***1050.00 <small>DO NOT WRITE IN THIS SPACE</small> </div>	
DOCUMENT # P93000076069 1. Corporation Name ORANGE CROSS MEDICAL SUPPLY, INC		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <div style="font-size: 1.5em; font-family: cursive;">59-3208145</div> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Mailing Address Principal Place of Business 2450 SW 137th AVENUE, #236 MIAMI, FL 33175 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	CALIXTO BARJA	1012 NW 134 PLACE	MIAMI, FL 33182
8. Name and Address of Current Registered Agent CALIXTO BARJA 1012 NW 134 PLACE MIAMI, FL 33182		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;"> State FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent REGISTERED AGENT MUST SIGN </div> <div> Date 4/20/98 </div> </div>			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:			

CR2E040 (6/94)