

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000025

1. Corporation Name

J.P. medical Supplies, Inc.

2. Principal Office Address

1643 W. 40th St.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/93

5. FEI Number

65-0460332

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

Sergio Gonzalez

700043301747
12/09/04--01034--006 **150.00

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

1643 W. 40th St.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

Sergio Gonzalez

REGISTERED AGENT MUST SIGN

Date

11/15/04

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
P	Sergio Gonzalez	1643 W. 40th St. Hialeah,	Hialeah, FL 33012

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)(b), 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

11/15/04

Daytime Phone #

(305) 821-6232

CR2ED1 (01/04)

2062

JP Medical Supplies, Inc.
1643 West 40th St.
Hialeah, Fl. 33012

November 15, 2004

Florida Department of State
Division of Corporation

RE: Annual Report for 2004 JP Medical Supplies, Inc. Document # p94000000025

Dear Agent:

Please note we never received the first notification from the state concerning the Annual Report for 2004. Enclosed please find a check in the amount of \$ 150.00 for reinstatement of JP Medical Supplies, Inc.

Thank you in advance on this matter. If you have any question, please call at 305-821-6232.

Sincerely

A handwritten signature in cursive script, appearing to read "Sergio Gonzalez".

Sergio Gonzalez, President