

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT 27 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 994000015101

1. Corporation Name

GEMINI MEDICAL SUPPLY, INC.

2. Principal Office Address

6446 SW 8th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33144

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0474156

Applied

Not App

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee  
for a Certificate of S

**7. Name and Address of Current Registered Agent**

Name

Alejandro Castro

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

6446 SW 8th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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 10-26-00

**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
D/T/V/P S	Alejandro Castro	6446 SW 8th Street	Miami, FL 33144

REINSTATEMENT

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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 #

10/26/00