

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020409

1. Corporation Name

L & T Medical Supplies Inc.

Principal Place of Business

Mailing Address

372 W 15 ST
Hialeach FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

372 W. 15 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Hialeach FL

City & State

Zip Country

33010

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/94

5. FEI Number

65-0474324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P	LAZARO PERERA	372 W 15 ST	Hialeach FL 33010
U			700002600647--1 -07/28/98--01073--010 *****500.00 *****500.00
S			700002600647--1 -07/28/98--01073--011 *****58.75 *****58.75
T			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name LAZARO PERERA
Street Address (P.O. Box Number is Not Acceptable)
372 W 15 ST
Suite, Apt. #, Etc.

City

Hialeach

State

FL

Zip Code

33010

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.

Signature of
Registered Agent

L. Perera

REGISTERED AGENT MUST SIGN

Date 07/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

L. Perera

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/98

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 JUL 24 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041103

1. Corporation Name

MURO CONSTRUCTION INC.

Mailing Address

6249 S.W. 26 STREET
MIAMI. FL. 33155

Principal Place of Business

6249 S.W. 26 STREET
MIAMI. FL. 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05-08-1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0784922

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P	RODRIGUEZ JULIO	6249 SW 26 STREET	MIAMI. FLORIDA. 33155
V/P	MUNOZ ROSARIO	6249 sw 26 STREET	MIAMI. FLORIDA. 33155
			400002600644--1 -07/28/98--01073--008 *****8.75 *****8.75
			400002600644--1 -07/28/98--01073--009 *****550.00 *****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JULIO RODRIGUEZ
6249 SW 26 STREET
MIAMI. FLORIDA. 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

(Signature)
REGISTERED AGENT MUST SIGN

Date

7/22/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(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 ☒ No ☐

(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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/98

Date

Daytime Phone #

CR2000 (6-94)