

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV -9 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000D21297**

1. Corporation Name

IDEAL MEDICAL EQUIPMENT CORPORATION

Principal Place of Business

Mailing Address

444 SW 27th Avenue
Miami, Florida 33135

444 SW 27th Avenue
Miami, Florida 33135

REINSTATEMENT

98

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
157 SW 57th Ave.

3. New Mailing Address, If Applicable
157 SW 57th Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0475642

Applied For

Not Applicable

City & State
Miami, FL

City & State
Miami, FL

Zip 33144

Country USA

Zip 33144

Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Monteagudo, Elva	157 SW 57th Ave.	Miami, Florida 33144

500002686245--3
-11/12/98--01099--005
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

De La Cuesta, Alfonso
11091 NW 7 St.
Apt. 101
Miami, Florida 33172

Name
Monteagudo, Elva
Street Address (P.O. Box Number is Not Acceptable)
157 SW 57th Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33144

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 11/6/98

11. 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.)

12. 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

11/6/98

Date

Daytime Phone #

CR21040 (12/95)