

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 22 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 94000025659**

1. Corporation Name

ON TIME MEDICAL EQUIPMENT RENTALS INC.
C/O BRIAN LYNN CPA
TWO SO UNIVERSITY DR STE 215
PLANTATION FL 33324

2. Principal Office Address

3900 S. ST. RD. 7

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33023

Country

BROWARD

3. Mailing Office Address

C/O BRIAN LYNN

Suite, Apt. #, etc.

TWO SO. UNIVERSITY DR STE 215

City & State

PLANTATION FL

Zip

33324

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/3/94

5. FEI Number

65-0480903

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

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

Suite, Apt. #, Etc.

City

600003298658-8

-06/21/00--01034--022

*****1350.00 ***1350.00**

Brian Lynn CPA
Two So. University Drive, Ste 215
Plantation, FL 33324

State
FL

Zip Code

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

Brian Lynn

Date **5/17/00**

REGISTERED AGENT MUST SIGN

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, Pres
VP Treas
Secy

DAVID HERNANDEZ

1439 NW 161st Ave

Pembroke Pines FL 33028

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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 #

5-17-00

954-450-3713

CR2E081 (9/99)