

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037452**

1. Corporation Name

J M A SUPPLIES MEDICAL CORP.

Principal Place of Business

Mailing Address

601 SW 57 AVE
STE D
MIAMI FL 33144
US

601 SW 57 AVE
STE D
MIAMI FL 33144
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

801 Madrid ST

801 Madrid ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 C

101 C

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1994

5. FEI Number

65-0491366

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 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
D	PEREZ, ALEJANDRO	601 SW 57 AVE STE D 801 Madrid ST	MIAMI FL Coral Gables, FL 700002067437--3 -01/24/97--01031--016 ****923.75 ****923.75

REINSTATEMENT

96-97

A. glaw

1/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, ALEJANDRO
601 SW 57 AVE
STE D
MIAMI FL 33144

Name Alejandro Perez
Street Address (P.O. Box Number is Not Acceptable)
801 Madrid ST
Suite, Apt. #, Etc.
101 C
City Coral Gables
State FL
Zip Code 33134

10. I, being appointed the registered agent of this nonprofit corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/17/97

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 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 TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/17/97

Date

305-774-9045

Daytime Phone #