

PLEASE READ ALL INSTRUCTIONS BEFORE CO

**CORPORATION
REINSTATEMENT**



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

FILED
Sep 08 2000 8:00 am
Secretary of State

DOCUMENT # P94000039511

1. Corporation Name

INTER-MED EQUIPMENT CORP.
12486 SW 8TH ST
MIAMI - FL - 33184

TALLAHASSEE, FLORIDA

2. Principal Office Address

12486 SW 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33184

Country

US

3. Mailing Office Address

12486 SW 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33184

Country

US

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-0496322

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

BARBARA PEREZ

500003417725-8

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

3545 SW 12TH AVE

10/06/00 01130-010

***750.00 ***750.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

Date

09/06/00

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 |
|--------|--------------------------------------|---|--------------------|
| P | BARBARA PEREZ | 3545 SW 12TH AVE | MIAMI - FL - 33175 |
| V | YORISDAY HERNADEZ | 2810 SW 57TH AVE | MIAMI - FL - 33176 |
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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]

BARBARA PEREZ, PRESIDENT 09/06/00 305-271-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #