

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 12 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

994000039850

1. Corporation Name

C.N.D.C. MEDICAL EQUIPMENT, CORPORATION

200003509162--6
-12/20/00--01077--019
****750.00 ****750.00

2. Principal Office Address

2001 NW 7th Street
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip Country

33125

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

65-0494437

Applied

Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of S

7. Name and Address of Current Registered Agent

Name

Rafaela Acosta

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

2001 NW 7th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

REGISTERED AGENT MUST SIGN

Date 12-1-00

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/T/V S/P	Rafaela Acosta	2001 NW 7th Street	Miami, FL 33125

REINSTATEMENT

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

12/1/00

Date

Daytime Phone #