

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 JAN -5 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # PK4000053663

1. Corporation Name
ENRIQUE MEDICAL EQUIPMENT
D.M.E. Corp.

Principal Place of Business Mailing Address
6801 NW 77 AVE
SUITE 204
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable <u>6801 NW 77 AVE</u> Suite, Apt. #, etc. <u>204</u> City & State <u>MIAMI FL 33166</u> Zip <u>33166</u> Country <u>USA</u>	3. New Mailing Office Address, If Applicable <u>6801 NW 77 AVE</u> Suite, Apt. #, etc. <u>204</u> City & State <u>MIAMI FL</u> Zip <u>33166</u> Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>7-15-94</u>	5. FEI Number <u>65-0504546</u> Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>President</u>	<u>LUIS E. LOPEZ</u>	<u>14099 SW 11 ST</u> <u>MIAMI FL 33184</u>	<u>MIAMI FL 33184</u>

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****758.75 ****758.75

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <u>LUIS E. LOPEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>14099 SW 11 ST</u> Suite, Apt. #, Etc. City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33184</u>

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 X Lopez LUIS ENRIQUE LOPEZ REGISTERED AGENT MUST SIGN Date 12-31-97

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: Lopez LUIS E. LOPEZ Date 12/31/97 305-551-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR-02040 (1-2-95)