...INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

98 APR 17

DOCUMENT # P94000058010

1. Corporation Name
Pacific Medical Care & Rental Equipment Corp.

FILED
98 APR 17 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address	Principal Place of Business
P.O Box 1662241 Miami Fl 33116	5757 SW 8 St Suite 117 Miami Fl 33144

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc. Bank.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 8/94

5. FEI Number 650509540 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $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)

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
President	Julio Maiza	11270 NW 17 Ave Miami Fl 33167	Miami, Fl 33167

300002492868--3
-04/20/98--01002--006
****352.50 ****158.75

8. Name and Address of Current Registered Agent

Daumi Dossan
12884 SW 252 terr.
Miami Fl 33032

9. Name and Address of New Registered Agent

Name: Julio Maiza
Street Address (P.O. Box Number is Not Acceptable): 11270 NW 17 Ave
Suite, Apt. #, Etc.:
City: Miami — State: FL — Zip Code: 33167

CR2E040 (6/94)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 #