

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1997 NOV -7 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071349**

1. Corporation Name

GALAXY MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

~~7370 NW 30 ST.~~
~~SUITE 210 G~~
~~MIAMI FL 33166~~

~~7370 NW 30 ST.~~
~~SUITE 210 G~~
~~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

7105 SW 8 ST

3. New Mailing Office Address, If Applicable

7105 SW 8 ST

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33144

Country

DADE.

Zip

33144

Country

DADE.

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1994

5. FEI Number

65-0534962

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
D/P	LEON, ARSENIO	4591 N.W. 9TH ST., APT. 27	MIAMI FL 33126

300002345408--4
-11/12/97--01117--001
******165.00 ****165.00**

11/19/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEON, ARSENIO
4591 N.W. 9TH ST.
APT. 27
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 *ASL*

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: *ASL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (8/97)

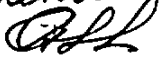
(2)

11/06/97

To: Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: Galaxy Medical Equipment, INC.
P94000071349

As per our phone conversation, I
never recieved the annual report for
the above metioned corporation. Please
accept my payment of \$165.00 due to
the reason of relocating my office.
Thank in advance for your prompt
attention to this matter.



ARSENIO LEON
PRESIDENT