

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076103**

1. Corporation Name

J & B MEDICAL EQUIPMENT, CORPORATION

Principal Place of Business

6850 S.W. 24TH ST., STE. 303
MIAMI FL 33155

Mailing Address

6850 S.W. 24TH ST., STE. 303
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

65-0531460

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	IGLESIAS, XIOMARA	6850 CORAL WAY, STE. 303	MIAMI FL 33155

900008817729
11/06/02--01017--015 **150.00

8. Name and Address of Current Registered Agent

WILSON, J. EVERETT
2151 LE JEUNE ROAD
MEZZENINE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

11/04/02

11. 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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 (305) 662-2668

CR2040 (8/02)

J & B MEDICAL EQUIPMENTS, INC.
6850 CORAL WAY, STE 303
MIAMI, FLORIDA 33155

Miami, November 4, 2002


Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, I will appreciate very much if you received and accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2002.

I appreciate your help to resolve this matter.

Sincerely your:


Xiomara Iglesias
President