

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-97  
REINSTATEMENT



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

FILED

97 JUN 16 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088275

1. Corporation Name

MR CARE Equipment Corp

Principal Place of Business

Mailing Address

11401 SW 40 St Ste 320  
Miami FL 33165

800002215778--0  
-05/18/97--01064--013  
\*\*\*1080.00 \*\*\*1080.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0544301

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Juan Perdomo	4110 SW 102 Ave	Miami FL 33165
Secretary	Iliana Montano	4110 SW 102 Ave	Miami FL 33165

REINSTATEMENT

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6-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Juan Perdomo  
11401 SW 40 St Ste 320  
Miami FL 33165

Name  
Juan Perdomo  
Street Address (P.O. Box Number is Not Acceptable)  
11401 SW 40 St  
Suite, Apt. #, Etc.  
Ste 320  
City  
Miami

State  
FL

Zip Code  
33165

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

Juan Perdomo

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Perdomo

5/27/97

Date

559-5544

Daytime Phone #