

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Reincorporation
Secretary of State
BUREAU OF CORPORATIONS

2008 UBR

FILED
00 OCT 25 AM 11: 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000003664

1. Corporation Name

Parker Medical Equipment, Inc.

2. Principal Office Address

1901 SW 1st Street

Suite, Apt. #, etc.

Ste. 208

City & State

Miami, FL.

Zip

33134

Country

USA

3. Mailing Office Address

1901 SW 1st Street

Suite, Apt. #, etc.

Ste. 208

City & State

Miami, FL.

Zip

33134

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

1/13/95

5. FEI Number

65-0552203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jose M. Roig

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

1580 WEST Avenue

Suite, Apt. #, Etc.

#303

City

Miami Beach,

State

FL

Zip Code

33139-2340

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jose M. Roig	1580 West Avenue #303	Miami Beach, Fl. 33139
			KE

10. 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

1.0-6-00

Date

3.05-229-4135

Daytime Phone #

2082

Parker Medical

October 6, 2000

Florida Department of State
Division of Corporations

RE: Parker Medical Equipment, Inc
Document # P95000003884

Ladies and Gentlemen:

On September 29, 2000 I was informed that the above referenced corporation was dissolved. I called the State and spoke with Stacy whom informed me that the Corporation had been dissolved because the Annual Corporate Report had not been filed. Stacy checked the records and indicated that the Annual Corporate Report had been returned to you by the US Post Office. The address that you have on record is incorrect. I do not understand why you have the incorrect address since the Annual Corporate Report last year (1999) was mailed to the correct address.

Enclosed you will find the Corporation Reinstatement and a check in the amount of \$ 150.00 as per Stacy's instructions. Please correct your records accordingly. If any further information is needed please call me.

Sincerely,

Jose M. Roig

Encl.

1901 SW 1st Street, Suite 208, Miami, FL 33135 (305) 229-4135