

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
 REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 and B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000004152**

1. Corporation Name
ALAMEDA MEDICAL EQUIPMENT, CORP

Principal Place of Business Mailing Address
**8600 NW 64 ST.,
 Bay 7
 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0547227	
City & State		City & State		Applied For <input type="checkbox"/> Not-Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/S/T	William Hernandez	3790 SW 141 Ave.,	MIAMI FL 33175

400003296504--4
-06/20/00--01024--011
*****150.00 ***150.00**
SP

8. Name and Address of Current Registered Agent

William Hernandez
3790 SW 141 Ave.,
MIAMI FL 33175

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.

Signature of Registered Agent **[Signature]** Date **5-25-00**
 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: **[Signature]** Date **5-25-00** Daytime Phone # **305-227-1170**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)

ALAMEDA MEDICAL EQUIPMENT, CORP.
8600 NW 64 ST - BAY 7
MIAMI, FL 33166

Miami, May 25, 2000

Florida Department of State
Uniform Business-Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

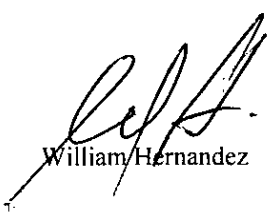
Ref: Document P95000004152

Dear Sir:

Enclosed please find application to file the Annual Report of Our Corporation.
Apparently due to we moved to the address we are reporting, we never received the Documents to Renew
our Corporation.

We kindly request you make an exception and accept our Regular Fees of \$150.00 with the
promise that this situation will not happen again.

Sincerely,



William Hernandez

WH/lom