

12/12/96

13:31

NO. 110

DEF

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

H9600017440

1996 DEC 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # P9500007507

1. Corporation Name
Remphy Medical Supplies, Inc.

Principal Place of Business / Mailing Address
8601 SW 40 St. Ste. 162
Miami, Fl. 33155

All above addresses are included in any way, via through internet information and error correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
State, Apt. #, etc.	State, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. Date Incorporated or Qualified to do Business in Florida	
01/24/1995	
5. FID Number	Applied For
65-0549602	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list all directors)			
1. Title	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT list P.O. Box Numbers)	4. City / State / Zip
DPVS	Emperatriz Alvarez	15351 SW 43 terr.	Miami, Fl. 33185

REINSTATEMENT '96

SCC 12-12-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Emperatriz Alvarez 15351 SW 43 Terr. Miami, Fl 33185		Name Street Address (P.O. Box Numbers is Not Acceptable) State, Apt. #, etc. City	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0602, F.S.
Signature of Registered Agent: *[Signature]* Date: 12/11/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other state for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I certify that I am an officer or director of the recipient of notice imposed by statute that application as provided for in chapter 687 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been addressed, the corporate taxes reported the requirements of section 607.0601 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: 12-11-96

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FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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((H96000017440 4))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: REMPHY MEDICAL SUPPLIES, INC.
AUDIT NUMBER.....H96000017440

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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