

P950000007938

1/30/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
(((H95000001219)))

5:27 PM

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS	FROM: MED-E-KWIK
DEPARTMENT OF STATE	612 ORANGE AVE
STATE OF FLORIDA	SUITE C-4
409 EAST GAINES STREET	JUPITER FL 33458-0000
TALLAHASSEE, FL 32399	CONTACT: REVVEN COHEN
FAX: (904) 922-4000	PHONE: (407) 575-1991
	FAX: (407) 575-0047

(((H95000001219)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: MED-E-KWIK EQUIPMENT COMPANY, INC.
FAX AUDIT NUMBER: H95000001219
CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/30/1995
TIME REQUESTED: 17:27:52
CERTIFIED COPIES: 1
CERTIFICATE OF STATUS: 1
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55 JAN 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1/31/95
RB

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000001219)))

95 JAN 31 AM 11:00

RECEIVED

Fax Audit Number: 1195000001219

**ARTICLES OF INCORPORATION
of
MED-E-KWIK EQUIPMENT COMPANY, INC.**

FILED
95 JAN 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4 Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned
5 incorporator submits these Articles of Incorporation for the purpose of forming a for-profit
6 corporation.

ARTICLE 1

8 The name of the Corporation is MED-E-KWIK EQUIPMENT COMPANY, INC.

ARTICLE 2

10 The principal place of business and mailing address of this corporation is: Med-E-Kwik
11 Equipment Company, Inc.; 612 N. Orange Avenue, Suite C-4; Jupiter, FL 33458.

ARTICLE 3

13 The corporation is authorized to issue one class of stock, that being shares of no par value,
14 common stock, with identical rights and privileges, the transfer of which is restricted
15 according to the bylaws of the corporation.

ARTICLE 4

17 The name and address of the corporation's initial registered agent is: Helayne Schreiber,
18 612 N. Orange Avenue, Suite C-4; Jupiter, FL 33458.

ARTICLE 5

20 The name and street address of the incorporator of this corporation is: Helayne Schreiber,
21 612 N. Orange Avenue, Suite C-4; Jupiter, FL 33458.

Prepared by: Reuven Cohen
612 N. Orange Ave. #C-4
Jupiter, FL 33458
407-575-1991
Fax Audit Number: H95000001219

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1

ARTICLE 6

2 No Director shall be held liable to the corporation or its shareholders for monetary
3 damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing,
4 intentional misconduct or illegal actions.

5 In witness whereof, the undersigned incorporator has executed these Articles of
6 Incorporation on the date below.

7

8 The undersigned incorporator hereby declares, under penalty of perjury, that the
9 statements made in the forgoing Articles of Incorporation are true, and that the
10 incorporator is at least eighteen years of age.

11

12

13

14

15

16

January 28, 1995

Date

Helayne Schreiber

Helayne Schreiber, Incorporator

Fax Audit Number: H95000001219

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**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida

The name and address of the corporation's registered agent and registered office is:
Helayne Schreiber, Med-E-Kwik Equipment Company, Inc.; 612 N. Orange Avenue,
Suite C-4; Jupiter, FL 33458.

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

January 28, 1995

Date

Helayne Schreiber
Helayne Schreiber, Registered Agent

Prepared by: Reuven Cohen
612 N. Orange Ave. #C-4
Jupiter, FL 33458
407-575-1991
Fax Audit Number: H95000001219

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55 JAN 31 AM 10:00
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 19 PH 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000007938**

1. Corporation Name

MED-E-KWIK EQUIPMENT COMPANY, INC.

Principal Place of Business

Mailing Address:

612 NO. ORANGE AVENUE STE. ~~84~~
JUPITER FL 33458

612 NO. ORANGE AVENUE STE. ~~84~~
JUPITER FL 33458



REINSTATEMENT

9600

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

01/31/1985

Suite, Apt. #, etc.

D-14

Suite, Apt. #, etc.

D-14

City & State

City & State

5. FEI Number

65-053-8435

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

State and Local Tax Requirements

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	HELAYNE SCHREIBER	612 N ORANGE AVE D-14	JUPITER, FL 33458
TREAS.	REUVEN COHEN	612 N ORANGE AVE D-14	JUPITER, FL 33458
			00002037067--S -12/24/96--01103--006 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHREIBER, HELAYNE

612 NO. ORANGE AVENUE STE. ~~84~~
JUPITER FL 33458

Name

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

Suite, Apt. #, Etc.

D-14

City

State

Zip Code

FL

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

Helayne Schreiber

Date

REGISTERED AGENT MUST SIGN

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:

REUVEN COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-16-96 564-575-1991