

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 DEC -8 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9500008506*

1. Corporation Name *P & M MEDICAL & EQUIPMENT, INC.*

11180 W. FLAGLER ST., STE. 17

MIAMI, FL. 33174

Principal Place of Business

Mailing Address

11180 W. FLAGLER ST., STE. 17
MIAMI, FL. 33174

13310 N. W. 8th ST.
Miami, FL. 33182

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-95

5. FEI Number

65-0552042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **EX**

**\$9.75 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)	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
PD	JOSE DIAZ	1368 N. W. 35th St.	Miami, FL. 33142
VP	Anthony Russo	13310 N. W. 8th St.	Miami, FL. 33182
TR	Linda K. Toppen	1805 Hibiscus Rd.	North Miami, FL. 33181

100002369861-5
-12/11/97-01094-016
*******758.75 *****758.75**

REINSTATEMENT *(97)*

a. alon
12/8/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

BARBARA RUSSO

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

13310 N. W. 8th St.

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33182

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

REGISTERED AGENT MUST SIGN

Date

Dec. 4-97

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

Dec 4/1997
Date

226-7107
Daytime Phone #