APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000098941

1. Corporation Name
LUNER MEDICAL CARE OF FLORIDA, INC

Principal Place of Business / Mailing Address
2250 S.W. THIRD AVENUE
SUITE 202
MIAMI FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96.00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
P.O. BOX 450809
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33245 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 650263967 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	ROSARIO ARRONDO	2250 SW THIRD AVENUE SUITE 202	MIAMI FL 33129

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-11/13/96--01081--011
****383.75 ****383.75

8. Name and Address of Current Registered Agent
ROSARIO ARRONDO

9. Name and Address of New Registered Agent
Name: ROSARIO ARRONDO
Street Address (P.O. Box Number is Not Acceptable): 2250 SW THIRD AVENUE
Suite, Apt. #, etc.: SUITE 202
City: MIAMI State: FL Zip Code: 33129

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: Rosario Arrondo
REGISTERED AGENT MUST SIGN
Date: 11-14-96

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 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(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rosario Arrondo 11-14-96 305 281-1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #