

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1996 DEC 31 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0930000013418
1. Corporation Name JCM Medical Equipment Inc

Principal Place of Business 10715 SW 190 St Bay #2 Miami, FL 33157
Mailing Address 10715 SW 190 St Bay #2 Miami, FL 33157

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

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

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida Feb-95
5. FEI Number 65-0556093 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ SB 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
Pres.	MARIA M. Astudillo	10715 SW 190 St. Bay #2	Miami FL 33157

REINSTATEMENT

8. Name and Address of Current Registered Agent

MARIA M. Astudillo
10715 SW 190 St. Bay #102
Miami, FL 33157

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
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 MARIA M. Astudillo
REGISTERED AGENT MUST SIGN

Date 12-30-96

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: MARIA M. Astudillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-96

Date Daytime Phone #