

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

98 FEB -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #, **995000013418**
Corporation Name **JCM Medical Equipment Inc**

Place of Business Mailing Address
1840 W. 49 St Suite # 725
HiALEAH, FL 33012

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 65 055 6093	
Zip	Country	Zip	Country	Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)

2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MARIA M. ASTUDILLO	1840 W 49 ST #725	HiALEAH, FL 33012

REINSTATEMENT

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-02/10/98--01059--008

8. Name and Address of Current Registered Agent

MARIA M. ASTUDILLO
1840 WEST 49 ST Suite #725
HiALEAH, FL 33012

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

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:

Maria M. Astudillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #