

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

APPROVED *pg 192*  
AND  
FILED

1997 MAY 19 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # **P95 000013423**

1. Corporation Name *Mirage medical supply Co.*  
*18459 Pines Blvd. Suite 14*  
*Pembroke Pines FL 33029*

Principal Place of Business Mailing Address

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 <i>2/16/95</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0560347</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	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)

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
<i>Pres</i>	<i>James Wolk</i>	<i>1160 Bel Aire Dr. East</i>	<i>Pembroke Pines FL 33027</i>

*E000002187036--9*  
*-05/21/97--01099--012*  
*\*\*\*365.00 \*\*\*365.00*

*1997*  
*5/20/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>James Wolk</i> <i>1160 Bel Aire Dr E.</i> <i>Pembroke Pines FL 33027</i>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 *[Signature]* Date *4-28-97*  
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: *[Signature]* *4-28-97* *954-450-8920*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

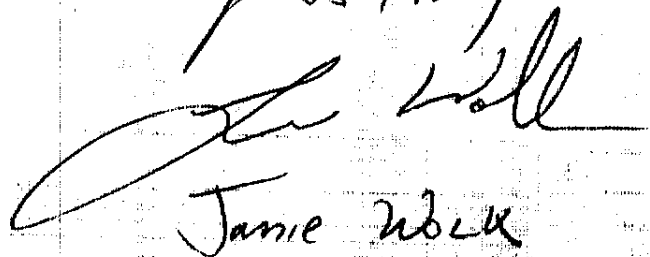
CP2E040 (12/95)

4-28-97

To whom it may concern:

After finding out my corporation had been dissolved I called the state and they told me to fill out that form and this note and send it back. The reason for dissolution was that my address had changed and I never received the yearly notice. Therefore, the woman told me to send in \$ 200 as payment for the year and to write this note. Thank you for your help in this matter.

Yours Truly

  
Jamie Webb