PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P95000017609

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Secretary of State — DIVISION OF CORPORATIONS

97 JUL -9 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000017609

1. Corporation Name

MEGA MEDICAL EQUIPMENT RENTALS, INC.

Principal Place of Business / Mailing Address

5755 W FLAGLER ST SUITE 202
MIAMI, FLORIDA 33144

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing 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: 3-3-95

5. FEI Number: 65-0561148 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Amount 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
P/D	ELDA ZOA ALFONSO	30720 SW 154 AVENUE	HOMESTEAD FL. 33030
VP/D	FERNANDO TORRES	APT 106 8897 FOUNTAIBLEU BLVD	MIAMI, FL. 33172
			700002233947--0 -07/09/97--01055--022 ****880.00 ****880.00
	REINSTATEMENT 1996-1997		
			500002229855--3 -07/03/97--01039--016 *****35.00 *****35.00

8. Name and Address of Current Registered Agent

OVIDIO ORAMAS
85 NW 47th AVENUE
MIAMI, FL. 33126

9. Name and Address of New Registered Agent

Name: FERNANDO TORRES
Street Address (P.O. Box Number is Not Acceptable): 8897 FOUNTAINBLEU BLVD # 106
Suite, Apt. #, Etc.: APT # 106
City: MIAMI | State: FL | Zip Code: 33172

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 X _____ Date 7-8-97

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 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: X _____ 7-8-97 (305) 267-3366.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fernando Torres