

7000020184 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P95000021514

1. Corporation Name
CUSTOM MEDICAL ARTS, INC.

Principal Place of Business 13882 N. KENDALL DRIVE MIAMI FL 33186	Mailing Address 13882 N. KENDALL DRIVE MIAMI FL 33186
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

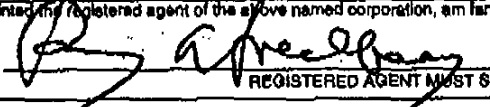
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0798893	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

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
PSD	GOLDBERG, BARRY	13882 N. KENDALL DRIVE	MIAMI FL 33186

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GOLDBERG, BARRY 13882 N. KENDALL DRIVE MIAMI FL 33186		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 807.0506, F.S.

Signature of Registered Agent  Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 807 or 817, 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 807.0401 or 817.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Prepared by: Barry Goldberg 13882 N. Kendall Dr. Miami, Fl 33186
Date _____ Daytime Phone # _____

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CHARGED AND THE CERTIFICATE SENT, PLEASE ENTER YOUR PASSWORD. TO 12/08/97
FLORIDA DIVISION OF CORPORATIONS 2:05 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000020184 2))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: CUSTOM MEDICAL ARTS, INC.

AUDIT NUMBER.....H97000020184

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$758.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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DIVISION OF CORPORATIONS