PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.				
FOR GUATION FOR GUATION FOR GUATION Secretary of State		NT OF STATE rtham State	APPROVED AND FILED				
DOCUMENT # (950000 39569			1797 JUN 26 AM 8: 34				
1 Corporation Name			SECRETARY OF STATE				
Florida State Home Medical Equip Gre			TALLAHASSEE, FLÖRIÐA				
Principal Place of Business Malling Address				÷			
1800 Northgale Block A6 Sarasola, 7la. 34234							
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 Malling Office Address, If Applicable			Date Incorporated or Qualified				
Suite, Apt. #, etc.	1800 Northgali A Sulle, Apj. #, etc.		To Do Business in Florida 1995				
City & State,	City & State		5. FEI Number	Applied For Not Applicable			
Zip 34234 Country Saranda	Sara, Fla  Zip 34234 Countr	raseta	6. S8.75 A	dditional Fee required			
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	itions must list at least		certificate of Status			
Title(s) Name of Officers Street Ad Officer at 1 2 3 (Do NOT Use Pos			City / State /	Zip			
owner Michael Forreste		<i>م</i> بر م					
		Ouby Jan	Serasola, Dla 1000022275 -07/01/97010 ****915.00 *	<b>514</b> 945014			
			REINSTATEMENT	10 21 9 1 9 7			
8. Name and Address of Current Re	egistered Agent	Name	9. Name and Address of New Registered Agen				
Mielia, Vandarett			Box Number is Not Acceptable)	(Same)			
1231 Derby Jane S  Street Address (1) 23/ Sulle, Apt. **, Etc.  Sulle, Apt. **, Etc.			Oerby Jane 5	CRZEO40			
Juliani , 4 EL 34 236	/	City O	2				
10. I, being appointed the registered agent of the above	named corneration, am familiar tult	Sara	State Zip	34234			
Signature of A	T A	и апо весері тае обіід	pations of Section 607.0505, F.S.	/			
Registered agent REG	ISTERED AGENT MUST SIGN		Date 6/24	19.7			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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: Multiple OR PRINT	rester MICH ED NAME OF BIGNING OFFICER OR DI	AEL FORM	ESTER 6/24/97 94	// 357 4 V // p			

PLEASE READ	ALL INSTRUCT	IONS BEFORE	COMPLETING	THIS ECOM			
APPLICATION FOR QUAREINSTATEMENT	FLORIDA DEPAI Sandra I Secreta DIVISION OF	RTMENT OF STAT  B. Mortham  ary of State  corporations	re A	PPROVED AND FILED			
DOCUMENT # P950000 39569				1997 JUN 26 AN 8: 34			
1. Corporation Name Tlanda State Home Medical Equip			SECRE TALLAH	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Malling Address			_				
1800 Northgate Block A 6 Sarasola 17la 34234							
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, if Applicable	ough Incorrect Information at 3. New Mailing Office Ad		4. Date Incorporated	d or Qualified			
1800 NasThyol Block Suite, Apt. #, etc.	1800 Northgale Block Suite, Apj. #, pic.		To Do Business in	To Do Business in Florida 1995			
City & State	City & State		5. FEI Number	200011-11	Applied For		
Zip 21/22/16 Country	Zip Fla	Country	6.	2581424 A \$8.75	Not Applicable  Additional Fee required		
34234 Sarapola	34234	Saraseta		TATUS DESIRED (O) a	Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must  Name of Officers Title(s) 1			ach etor	City / State	/ Zip		
owner Michael Forrest		& Derby To	100		514 045014		
			REINSTA	AIEMENI	U(DE)		
8. Name and Address of Current F		Name	9. Name and Addres	ss of New Registered Age	nt		
Michael Forrester			(D.O. Box Number is Not	Acceptable)	(Seine)		
Michael Forrester 1231 Derby Lose S Sarasalu, 2la 34234			Sulte, Apt. W. Ejc.				
City Sau			iasita	State Z	34234		
10. I, being appointed the registered agent of the above Signature of	re named corporation, am far	miliar with and accept the	obligations of Section 607	7.0505, F.S.	1		
Registered agent Pullar RE	DISTERED AGENT MUST S	BIGN	Da	ite 6/24	/97		
<ol> <li>Does this corporation pay a Dept. of Revenue under S.</li> </ol>	ny intangible tax 199.032, Florida	to the Statutes. Yes	□ No 🏻	(See other side for on intangible			
12. I certify that I am an officer or director or the received this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my significant.	unon has been eliminated, in times of individuals listed on	te corporate name satistie	s the requirements of sect				
SIGNATURE: MICHAEL FORRESTER 6/24/97 94/35/4446							