

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Handwritten: 10/1/03

CORPORATION

FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 14 PM 1:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000040652**

1. Corporation Name

LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES, INC.

000013170720
02/27/03--01075--015 **1265.00

1996-2002 UBR

2. Principal Office Address

12460 S.W. 8 STREET

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI, FL

Zip

33184

Country

U.S.A.

3. Mailing Office Address

12460 S.W. 8 STREET

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI, FL

Zip

33184

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/95

5. FEI Number

65-0582746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS BETANCOURT

Street Address (P.O. Box Number is Not Acceptable)

12460 S.W. 8 ST.

Suite, Apt. #, Etc.

SUITE 207

City

MIAMI

State

FL

Zip Code

33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Handwritten Signature

REGISTERED AGENT MUST SIGN

Date

02/12/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARLOS BETANCOURT	12460 S.W. 8 ST., #207	MIAMI, FL 33184

10. 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/12/03

Daytime Phone #

305-218-7789

CR2E081 (9/99)



Hoyos & Aguilar, P.A.

Certified Public Accountants

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February 12, 2003

Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32314-6327

TAXPAYER: LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES, INC.
DOC. NO.: P95000040652
FORM: FLORIDA CORPORATE ANNUAL REPORT
PERIODS: 1995 to 2003

Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the penalties imposed as a result of not filing the Florida Corporate Annual Report.

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely file and pay the Florida Corporate Annual Report but simply a result of facts to be stated below.

The taxpayer relocated its business during early 1996 and accordingly had its mail forwarded to the new address (12460 Southwest 8th Street, Suite 205, Miami, Florida 33184). After the move, the taxpayer had instances where mail that was expected was not received. As a result, the Annual Reports were mailed to the old address and they were never forwarded to the new address.

In light of the above facts, we respectfully request that all penalties be abated. Enclosed please find the completed Corporation Reinstatement Report and a check in the amount of \$1,265 for the 1995 to 2003 annual fee.

Please do not hesitate to contact us should you have any questions.

Sincerely,



RICHARD AGUILAR, CPA

Enclosures

cc: Carlos Betancourt, President