

1082  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR -9 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000042254**

1. Corporation Name

TAG MEDICAL EQUIPMENT, INC.

2. Principal Office Address

4800 WEST FLAGLER ST.

Suite, Apt. #, etc.

#109

City & State

MIAMI, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

P.O. BOX 350488

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05-31-1995

5. FEI Number

65-0584584

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04  
MRI

**7. Name and Address of Current Registered Agent**

Name

RENE RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)  
4800 WEST FLAGLER ST.

Suite, Apt. #, Etc.  
# 109

City

MIAMI

State  
FL

Zip Code  
33134

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 04-08-2004

**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
P/D	RENE RAMIREZ	4800 WEST FLAGLER ST- # 109	MIAMI, FL33134

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-2004

Date

Daytime Phone #

CR2E061 (01/04)