

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 22 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074327

1. Corporation Name

Tamara Medical Supply, Corp.

2. Principal Office Address

12350 SW 132nd Ct.

Suite, Apt. #, etc.

Ste. 203

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

12350 SW 132nd Ct.

Suite, Apt. #, etc.

Ste. 203

City & State

Miami, FL

Zip

33186

Country

USA

100024261344
10/29/03--01069--027 **300.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0611247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tamara Viquillon

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

12350 SW 132nd Ct.

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33186

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

10/14/03

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
P	Tamara Viquillon	12350 SW 132 nd Ct.	Miami, FL 33186
		Ste. 203	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tamara Viquillon

10/14/03

Date

(786) 293-1571

Daytime Phone #

CR2E081 (10/02)

September 29, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILING
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Ref.: Doc. Number P95000074327
FEIN: 65-0611247

Dear Sirs,

Please find attached my Corporation's check No. 2221 in the amount of \$300.00 to cover fee for 2002 and 2003.

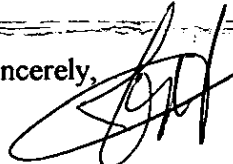
I am applying for your kind cooperation to accept payment of the above fee based on the fact that I never received your usual Annual Report. Reason for not receiving them is because probably you sent them to the mailing address appearing in your records, which is the address of my former accountant, who did not advise me accordingly upon receiving them to make payment on due time.

I shall highly appreciate if you delete mailing address appearing in your records and add this new address:

12350 SW 132nd Ct. - Suite 203
Miami, Fl. 33186

I shall highly appreciate your kind attention and cooperation. Please let me know if this is in order for you.

Sincerely,



Tamara Viquillon
President
TAMARA MEDICAL SUPPLY CORP.