

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 MAR -5 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076129

1. Corporation Name

CYGNUS DME, CORP.

Principal Place of Business

Mailing Address

**2115 West 60 Street
Hialeah, Florida 33016**

**2115 West 60 Street
Hialeah, Florida 33016**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2033 West 73 Street

3. New Mailing Address, If Applicable
2033 West 73 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33016

Zip
33016

4. Date Incorporated or Qualified
To Do Business in Florida **10/3/95**

5. FEI Number
65-0611792

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Rosana Fernandez	8851 Northwest 119 Street Suite 5209	Hialeah Gardens, Florida 33016
			600002453126-- 5 -03/10/98--01098-018 ***1065.00 ***1065.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Rosana Fernandez
2115 West 60 Street
Hialeah, Florida 33016**

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A. d/b/a AmeriLawyer
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.
City
Coral Gables State
FL Zip Code
33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent By:

Spiegel & Utrera, P.A. d/b/a AmeriLawyer

Date

Natalia Utrera, Vice-President

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Rosana Fernandez, President

Date

Daytime Phone #

CR2E040 (2/96)