

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 FEB -6 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076658

1. Corporation Name

PERDOMO MEDICAL SUPPLIES AND EQUIPMENT, INC.

2. Principal Office Address

12317 SW 133 Court

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33186

Country

USA

3. Mailing Office Address

12317 SW 133 Court

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33186

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/06/1995

5. FEI Number

65-0611868

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

GODOFREDO M. PERDOMO

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

15552 SW 115 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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 1-23-2002

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
PRES.	GODOFREDO M PERDOMO	15552 SW 115 Street	Miami, FL 33196
V.P.	SILVIA M PERDOMO	15552 SW 115 Street	Miami, FL 33196

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

Date

1-23-2002

Daytime Phone #

305-234-2198

CR2E081 (9/01)

Charter Number Only

VALIDATION ONLY

Evelyn

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Perdomo Medical Supplies and Equipment, Inc

RECEIVED
02 FEB - 6 AM 11:04
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☒ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

OLS