

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000083008**

1. Corporation Name

UNIPLUS MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

175 FOUNTAINBLEAU BLVD.
142
MIAMI FL 33175

175 FOUNTAINBLEAU BLVD.
1A2
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7235 SW 24th
Suite, Apt. #, etc.
Suite 205
City & State
Miami Fla.

7235 SW 24th
Suite, Apt. #, etc.
Suite 205
City & State
Miami Fla.

Zip 33155 Country Dade.

Zip 33155 Country Dade.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1995

5. FEI Number

65-0618348

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FLORES, RAUL	7701 SW 16 ST.	MIAMI FL 33155

200003046562--7
-11/17/99--01005--003
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORES, RAUL
7701 SW 16 ST.
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Raul Flores

REQUIRED

Date 10/20/99

REGISTERED AGENT MUST SIGN

11. 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:

Raul Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99
Date

(305)2646718
Daytime Phone #

KE