# APPLICATION FOR REINSTATEMENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054206

1. Corporation Name: VENENIC Medical Supplies, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3907 SW 67th Ave.~~ | ~~3907 SW 67th Ave.~~ |
| ~~Suite 201~~ | ~~Suite 201~~ |
| ~~Miami, FL 33155~~ | ~~Miami, FL 33155~~ |

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

**REINSTATEMENT**

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| 1950 E. 4th Avenue | 1950 E. 4th Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah, Florida | City & State: Hialeah, Florida |
| Zip: 33010 Country: USA | Zip: 33010 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/2/95

5. FEI Number: 65-0618082 ☐ 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.U.S., T.D | Alberto Alonso | 1950 E. 4th Avenue | Hialeah, Florida 33010 |
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8. Name and Address of Current Registered Agent

~~Prada, Iryda D.~~
~~3907 SW 67th Ave.~~
~~Suite 201~~
~~Miami, Florida 33155~~

9. Name and Address of New Registered Agent

Name: Alonso, Alberto
Street Address (P.O. Box Number is Not Acceptable): 1950 E. 4th Avenue
Suite, Apt. #, Etc.:
City: Hialeah State: FL Zip Code: 33010

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/30/99

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: [signature] Alberto Alonso 3/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #