

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 17 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084200

1. Corporation Name

VENENIC MEDICAL SUPPLIES, INC.

LS

REINSTATEMENT 00-01

2. Principal Office Address

4811 NW 183rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

4811 NW 183rd St.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/95

5. FEI Number

65-0618082

Apply

Not Ap

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of

City & State

Miami, Florida 33055

City & State

Miami, Florida 33055

Zip

33055

Country

Zip

33055

Country

7. Name and Address of Current Registered Agent

Name

Leyva, Ernesto

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

4811 NW 183rd St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

Ernesto Leyva
REGISTERED AGENT MUST SIGN

Date 3/9/01

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, V, T, S, D	Leyva, Ernesto	4811 NW 183rd St.	Miami, FL 33055

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 fill 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 fe owed by the corporation have been paid and the names of individual listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indic 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

3/9/01

Date

Daytime Phone #