

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000097016

1. Corporation Name

COMPLETE MEDICAL EQUIPMENT, INC.

Principal Place of Business
4242 SOUTHWEST 73 AVENUE
MIAMI FL 33155

Mailing Address
4242 SOUTHWEST 73 AVENUE
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

9428 N. U.S. Highway 1
Suite, Apt. #, etc.

Sebastian, Florida
City & State

Zip 32958 Country U.S.A

3. New Mailing Office Address, If Applicable

9428 N. U.S. Highway 1
Suite, Apt. #, etc.

Sebastian, Florida
City & State

Zip 32958 Country U.S.A

4. Date Incorporated or Qualified
To Do Business In Florida

01/01/1996

5. FEI Number

65-0629770

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	GRUZ, ALEX	4242 SOUTHWEST 73 AVENUE	MIAMI FL 33155
SD	HUSSAIN, MUHAMMED	4242 SOUTHWEST 73 AVENUE	MIAMI FL 33155
PD	KHURSHID DARAMEY	9428 N. U.S. Highway 1	Sebastian, FL- 32958
N	BATOOL VAZIR	9428 N. U.S. Highway 1	Sebastian, FL- 32958
		/	

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name MUHAMMED HUSSAIN

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

14958 SW 74 TERR

Suite, Apt. #, Etc. 600002361296-7

City Miami

-12/02/97--01069--015

****750.00 to ****750.00

FL 33193

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 10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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.

Khurshid

11-9-97 (561)581-088

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #