PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
98 AUG 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000001367

1. Corporation Name

TIME MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4714 SW 74th Ave.	4714 SW 74th Avenue
Miami, Florida 33155	Miami, Florida 33155

REINSTATEMENT

97-98 AR

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
9600 SW 8th Street	9600 SW 8th St.
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc. Suite 8
City & State Miami, Florida	City & State Miami, Florida
Zip 33174 Country USA	Zip 33174 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 1/05/96

5. FEI Number 65-0633653 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVPS TD	Patricia Fajo	9600 SW 8th St., Suite 8	Miami, Florida 33174

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

Jesus Rodriguez
4714 SW 74th Avenue
Miami, Florida 33155

9. Name and Address of New Registered Agent

Name: Patricia Fajo
Street Address (P.O. Box Number is Not Acceptable): 9600 SW 8th St. Suite 8
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33174

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 New Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 8/12/98

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.

SIGNATURE: [signature] — 8/12/98 Date — (305) 551-9558 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Fajo, President