

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000008472

1. Corporation Name

BELO MEDICAL CENTER PURCHASING, INC.

Principal Place of Business

3075 NW 107TH AVE
MIAMI FL 33172

Mailing Address

3075 NW 107TH AVE
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1996

5. FEI Number

59-2468303

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 3	City / State / Zip 4
VD	DE CESPEDES, CARLOS M	3075 NW 107TH AVE	MIAMI FL 33172
PD	DE CESPEDES, JORGE L	3075 NW 107TH AVE	MIAMI FL 33172
TD	BALDWIN, WILLIAM A	3075 NW 107TH AVE	MIAMI FL (DELETE)
SD	SANCHEZ, CHARLES J	3075 NW 107TH AVE	MIAMI FL (DELETE)
TD	LEOPOLDO GARCIA	3075 NW 107TH AVE	MIAMI FL (ADD)
SD	BERTIN J. PEREZ	3075 NW 107TH AVE	MIAMI FL (ADD)

8. Name and Address of Current Registered Agent

SANCHEZ, CHARLES J
3075 NW 107TH AVE
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

MARISOLA CASANOVA

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

3075 NW 107TH AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

10/26/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED NOV 28 2001

10-26-01 (305) 592-2324

CR2ED40 (8/01)