

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG6000011284

1. Corporation Name

MCM Medical Equipment & Supplies, Inc.

2. Principal Office Address

8214 NW 103rd Street
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Zip

33016

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business In Florida**

SP

5. FEI Number

65-0643474

Applies

Not Ap

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of

7. Name and Address of Current Registered Agent

Name

Cesar Martinez

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

8214 NW 103rd Street

Suite, Apt. #, Etc.

City

Hialeah Gardens

State
FL

Zip Code
33016

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

Cesar Martinez

REGISTERED AGENT MUST SIGN

Date 9-31-00

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
D/P/V S/T	Cesar Martinez	8214 NW 103rd Street	Hialeah Gardens, FL 3301

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 individuals 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

Cesar Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-31-00

Date

Daytime Phone #