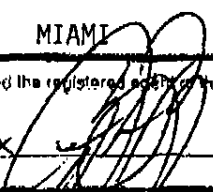
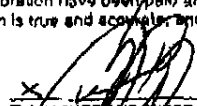


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PH 5:28

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000012704 1. Corporation Name DOUBLE N MEDICAL EQUIPMENT, INC.			
2. Principal Office Address 10404 WEST FLAGLER ST. Suite, Apt. #, etc. STE. 18 City & State MIAMI, FL. Zip 33174 Country U.S.A.		3. Mailing Office Address 10404 WEST FLAGLER ST. Suite, Apt. #, etc. STE. 18 City & State MIAMI, FL. Zip 33174 Country U.S.A.	
		REINSTATEMENT	
		4. Date Incorporated or Qualified To Do Business in Florida 5. PEI Number 65-0639311 Applied For: Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75. Additional Fee Required for a Certificate of Status.	
7. Name and Address of Current Registered Agent Name LUIS AVILA Street Address (P.O. Box Number is Not Acceptable) 10404 WEST FLAGLER STREET Suite, Apt. #, Etc. STE. 18 City MIAMI State FL Zip Code 33174			
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 ☒  Date <u>3/6/01</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUIS AVILA	13226 NW 8TH TERRACE	MIAMI, FL. 33182
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 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)(f), 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: ☒  B01000024204		3/6/01 (308) 562-7978 Date 3/6/01	

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H01000024204 9)))

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

DOUBLE N MEDICAL EQUIPMENT INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75