CAPITAL CONNECTION 850 222 1222

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 SEP 29 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014211

1. Corporation Name
ORIETTA MEDICAL EQUIPMENT, INC.

2. Principal Office Address	3. Mailing Office Address
2017 W. 62nd St.	2017 W. 62nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State: Hialeah, Florida
Zip: 33016 Country: USA	Zip: 33016 Country: USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida 2/15/96

5. FEI Number 65-0641536 Applied / Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of S

7. Name and Address of Current Registered Agent

Name: Andres Fernandez

300003415393--9
-10/05/00--01033--014
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 2017 W. 62nd St.

Suite, Apt. #, Etc.

City: Hialeah 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: X Afernandez
REGISTERED AGENT MUST SIGN

Date 9/28/00

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
PVIST D	Andres Fernandez	2017 W. 62nd St.	Hialeah, Florida 33016
			LS

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)(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: X Afernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/28/00

Daytime Phone #