

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED

04 FEB 25 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000070808

1. Corporation Name

YAKEL MEDICAL EQUIPMENTS,
CORP.

REINSTATEMENT

03-04

2. Principal Office Address

9445 SW 40 ST

Suite, Apt. #, etc.

107

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

3. Mailing Office Address

9445 SW 40 ST

Suite, Apt. #, etc.

107

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

05-05-03 91453 004 \$150.95

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0697452

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

MELVIN MORENO

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

11040 SW 26 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

700030462847

03/15/04-01026-025 **150.00

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:

REGISTERED AGENT MUST SIGN

Date

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
PRESIDENT	Melvin Moreno	11040 SW 26 ST	MIAMI, FL, 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-04 (305) 229 9989

Date

Daytime Phone #

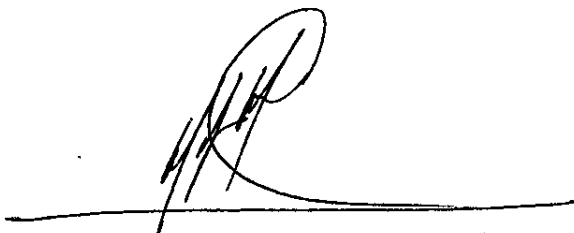
Miami 2/24/04

2082

ATT. Ms Tina.

I never RECIEVED the letter
REJECTing the anual report please
accept this reinstatement with
the check of \$150.00 for 2004
anual report

Thonts in advonced.



presidente.