

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000071671**

1. Corporation Name

MEDMAR MEDICAL SUPPLIES, INC.

FILED

97 NOV 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**MIAMI HEART INSTITUTE WILLIAMS BLDG.
4701 MERIDIAN AVE., SUITE E
MIAMI BEACH FL 33140**

Mailing Address

**MIAMI HEART INSTITUTE WILLIAMS BLDG.
4701 MERIDIAN AVE., SUITE E
MIAMI BEACH FL 33140**

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

08/26/1996

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DI PIETRO, OLIVER R M.D.	259 POINCIANA ISLAND DRIVE	MIAMI BEACH FL 33160
D	FOX, MARY LOU	259 POINCIANA ISLAND DRIVE	MIAMI BEACH FL 33160

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-11/18/97--01033--015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

**SACHER, CHARLES P
2855 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles P. Sacher
REGISTERED AGENT MUST SIGN

Date **Nov. 3, 1997**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

10/28/97 305-535-3696
Date Daytime Phone #