

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 FEB -8 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076064

1. Corporation Name

REIALABLE HEALTH CARE SUPPLY, INC.

Principal Place of Business

Mailing Address

8600 N.W. S. River Dr.  
Suite 219  
Medley, FL 33166

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

999 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 1110

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. New Mailing Office Address, If Applicable

999 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 1110

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-12-1996

5. FEI Number

65-0685986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE 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 Titles	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
P/T	RAFAEL SANCHEZ	999 Ponce de Leon Blvd. #1110	Coral Gables, FL 33134
VP/S	SANTIAGO FERNANDEZ	999 Ponce de Leon Blvd. #1110	Coral Gables, FL 33134
VP	CARLOS A. TRIAY	999-Ponce de Leon Blvd. #1110	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

Lilia R. Reyna  
1465 West 42 Street  
Suite 109  
Hialeah, FL 33012

9. Name and Address of New Registered Agent

Name  
Carlos A. Triay  
Street Address (P.O. Box Number is Not Acceptable)  
999 Ponce De Leon Blvd.  
Suite, Apt. #, Etc.  
Suite 1110

City

Coral Gables

State / Zip Code

FL 33134

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

CARLOS A. TRIAY

REGISTERED AGENT MUST SIGN

Date 1-29-99

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)(b), 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: RAFAEL SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

305-545-6061

Date

Daytime Phone