

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE



98 AR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002698514--9

-12/01/98--01024--011

\*\*\*\*150.00 \*\*\*\*150.00



DOCUMENT # P97000058046

1. Corporation Name

REGO MEDICAL, INC.

Principal Place of Business

Mailing Address

582 NW 162ND AVE.  
PEMBROKE PINES FL 33028-3024

582 NW 162ND AVE.  
PEMBROKE PINES FL 33028-3024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	REGO, GUILLERMO JR.	582 NW 162ND AVE.	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REGO, GUILLERMO JR.  
582 NW 162ND AVE.  
PEMBROKE PINES FL 33028-3024

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 for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/98

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-98 (954) 430 4662

CR2E040 (8/98)

**REGO MEDICAL, INC.**

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Pembroke Pines, FL 33028  
954-430-4662 Office

NOVEMBER 12, 1998

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

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C/O: SECRETARY OF STATE

I, GUILLERMO REGO JR., HEREBY REQUEST A **REINSTATEMENT** FOR REGO MEDICAL, INC.,  
ON NOVEMBER 12, 1998 UPON RECEIVING YOUR NOTICE I CONTACTED YOUR DEPT  
AND EXPLAINED TO THEM THAT THE REASON I DIDN'T FILE WAS BECAUSE I DID NOT  
RECEIVE THE 1998 YEARLY NOTICE FOR FILING. I APOLOGIZE TO YOU AS WELL AS  
**THANK YOU** IN ADVANCE FOR THE REINSTATEMENT; I ASSURE YOU THAT THIS WILL  
NOT HAPPEND AGAIN.

SINCERELY,



GUILLERMO REGO JR.  
REGO MEDICAL, INC.  
DOCUMENT NUMBER: P97000058046