


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 PM 4:19

DOCUMENT # **P97000065668**

1. Corporation Name

CEDARS MEDICAL EQUIPMENT CO.

Principal Place of Business

8370 NW 70 ST.
MIAMI FL 33166

Mailing Address

8370 NW 70 ST.
MIAMI FL 33166

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

07/28/1997

5. FEI Number

65-0782385

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	4 City / State / Zip
D	KARAKY, MAHMOD	8370 NW 70 ST.	MIAMI FL 33166
			400004744994--3 12/31/01-01064-001 ***150.00 ***150.00

12/27

8. Name and Address of Current Registered Agent

KARAKY, MAHMOUD
8370 NW 70TH STREET
MIAMI FL 33166

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

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

11-18-2001 (305) 477-6877

CR2040 (8/01)

Florida Dept. of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Nov. 10, 2001

Dear Sirs,

I received a notice of administrative dissolution or revocation of my corporation registration. I did send my 2001 uniform business report back in March 2001, a copy of that report is enclosed. I have a small business-no employees and do not usually check all my cashed checks and my accountant now can not find that check I sent with the report, but I did file on time knowing you increase the fee on May 1st.

Following talking to Mrs. Michelle in your office I am sending my application for reinstatement and a replacement check. I hope you re-check my record and I appologize for this matter but I never had problems in the past.

I thank you very much.

sincerely,

Mahmod Karaky
Mahmod Karaky

Cedars Medical Equipment Co.
8370 N.W. 70 St., Miami, FL 33166
FE-0782385

(Sorry for the Delay in writing to you but I drive Trucks
out of State & get my mail only every other month ..)
Thank you