

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #1
1. Corporation Name Healthcare Equipment Inc

P 98 0000 55670

2. Principal Office Address

1120 Mahogany Way

Suite, Apt. #, etc.

104

City & State

Del Ray Beach FL

Zip 33445

Country Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country

600008341476--7

-10/11/02--01082--002

***600.00 ***600.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/98

5. FEI Number

65-084 3455

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

Aaron L. GRIFKA

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

1120 Mahogany Way

Suite, Apt. #, Etc.

#104

City

Delray Beach

State

FL

Zip Code

33445

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

Aaron L. Grifka

Date 10/7/02

REGISTERED AGENT MUST SIGN

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
Pres	Aaron L. GRIFKA	1120 Mahogany Way	#104 Delray Beach FL 33445
Sec	-	-	-

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

Aaron L. Grifka

Date

10/7/02

Daytime Phone #

561-279-9449

CR2E081 (9/01)



10/7/02

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please reinstate the following Corporation

Healthcare Equipment Inc,
P 98000055670
65 84 3455

I have never received any notice of any fees due, or any notice of delinquency

I only found out that the corporation was not in good standing when I applied
For a new occupational license

This is a home biased business, I applied for a new occupational license when
I moved in September

The new corporate address is
1120 mahogany Way #104
Delray Beach, FL 33445

Please wave any additional Fees , I have enclose a check for \$600.00 to pay
The fess due for the past 4 years

Very Truly Yours

A handwritten signature in black ink, appearing to read "Aaron I. Grifka", is written over the typed name and title.

Aaron I. Grifka President
Healthcare Equipment Inc.