

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 31 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092117

1. Corporation Name

Unimed Equipment & Supplies Inc.

2. Principal Office Address

8171 NW 91 Terr.

3. Mailing Office Address

8171 NW 91 Terr.

Suite, Apt. #, etc.

Bay # 1-C

Suite, Apt. #, etc.

Bay # 1-C

City & State

Medley, FL.

City & State

Medley, FL.

Zip
33166

Country
USA

Zip
33166

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/29/1998

5. FEI Number

650873123

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

Karla C. Gonzalez

200005763492--3

-06/12/02--01067-005

***908.75 ***908.75

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

8585 NW 168th Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33016

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

Karla C. Gonzalez
REGISTERED AGENT MUST SIGN

Date

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
PVST	Karla C. Gonzalez	8585 NW 168th Terrace	Miami, FL. 33016

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

Karla C. Gonzalez

Date

3/20/02

Daytime Phone #

(305)
887-3484

CR2E081 (8/01)

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