

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 14 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009022

1. Corporation Name

NOVO MEDICAL EQUIPMENT & SUPPLIES INC.

Principal Place of Business

1455 N.W. 14TH ST.  
MIAMI FL 33125

Mailing Address

1455 N.W. 14TH ST.  
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

13780 NE 11th AVE 13780 NE 11 AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

North Miami, FL N. Miami, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1999

5. FEI Number

65-0895488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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
PVST	CAO, ROBERT M	1455 N.W. 14TH ST. 13780 NE 11 AVE	MIAMI FL 33125 N. Miami, FL 33141
D	CAO, ROBERT M	1455 N.W. 14TH ST. 13780 NE 11 AVE	MIAMI FL 33125 N. Miami, FL 33141

8. Name and Address of Current Registered Agent

CAO, ROBERT M  
1455 N.W. 14TH ST.  
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name Robert M. Cao.  
Street Address (P.O. Box Number is Not Acceptable)  
13780 NE 11th Ave  
Suite, Apt. #, Etc.  
City N. Miami State FL Zip Code 33141

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/13/02

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)(l), 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 #

11/13/02 (305) 892-5430

CR2E040 (8/02)