

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000039728**

1. Corporation Name

**M G MEDICAL SUPPLIES, INC.**

Principal Place of Business

Mailing Address

6555 N.W. 36 ST.  
STE. 317  
MIAMI FL 33166

6555 N.W. 36 ST.  
STE. 317  
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1999

5. FEI Number

65-0915809

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PMD</del>	<del>RODRIGUEZ, BLAS JESUS</del>	<del>6555 NW 36TH STREET, SUITE 317</del>	<del>MIAMI FL 33166</del>
<del>ST</del>	<del>RODRIGUEZ, BLAS JESUS</del>	<del>6555 NW 36TH STREET, SUITE 317</del>	<del>MIAMI FL 33166</del>
PVDST	Bello, Gerardo	6555 NW 36 Street Suite 317	Miami, FL 33166
			000004653300--6 -10/25/01--01049--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, BLAS JESUS  
6555 N.W. 36 ST.  
STE. 317  
MIAMI FL 33166

Name

Gerardo Bello

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

6555 N.W. 36 Street

Suite, Apt. #, Etc.

Suite 317

City

Miami

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

10-18-01

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 #

10-18-01

CR2E040 (8/01)