

CAPITAL CONNECTION

850 222 1222

10/03 '01 08:48 NO.363 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000041682			
1. Corporation Name Sunrise Medical Equipment Corporation			
2. Principal Office Address 6595 N.W. 36th St Suite 101C Virginia Gardens, FL Zip 33166 Country USA		3. Mailing Office Address 6595 N.W. 36th St Suite 101-C Virginia Gardens, FL Zip 33166 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05-07-1999			
5. FEI Number 65-0923147		☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name: Juan M. Morera		300004690793	
Street Address (P.O. Box Number is Not Acceptable): 6595 N.W. 36th Street		-11/21/01--01043--110	
Suite, Apt. #, Etc.: Suite 101-C		****750.00 ****750.00	
City: Virginia Gardens		State: FL	Zip Code: 33166
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: Juan M. Morera		Date: 11/9/01	
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
AVP S.I.D.	Juan M. Morera	6595 N.W. 36th Street Suite 101-C	Virginia Gardens Florida, 33166
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: Juan M. Morera		11/9/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sunrise Medical Equipment Corporation

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: *SK*

Name

Date

Time

Walk-In

Will Pick Up

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____