

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 NOV 13 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03

700024641407  
11/13/03--01054--003 \*\*250.00

700024641407  
11/13/03--01054--002 \*\*500.00

DOCUMENT # P99000067083

1. Corporation Name

United Medical Supplies, Inc.

2. Principal Office Address

8102 SW 163 Pl.

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33193

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0936979

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

Israel Suarez

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

12926 SW 133 Court. St. 3.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-6-2003

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
D	Orlando torres	12926 SW 133 Court St 3 Miami, FL 33186	Miami, FL 33186
PST	Israel Suarez	12926 SW 133 Court St 3	Miami, FL 33186

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-2003

Daytime Phone #

CR2001 (9/00)