

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE

H010000684406

01 MAY 23 PM 4:41

DOCUMENT # P99000068038

1. Corporation Name SMITH MEDICAL EQUIPMENT, INC

Principal Place of Business

2500 S.W. 117th COURT
MIAMI, FL 33175

Mailing Address

2500 S.W. 117th CT
MIAMI, FL 33175

REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

256 N.W. 42 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33126

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SMITH, PABLO L.	2500 S.W. 117 COURT	MIAMI, FL 33175

8. Name and Address of Current Registered Agent

SMITH, PABLO L.
2500 S.W. 117th COURT
MIAMI, FL 33175

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on Intangible tax.)

AD

12. 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

PREPARED BY
PABLO SMITH
2500 S.W. 117 COURT
MIAMI, FL 33175

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