

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JAN -2 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090150

1. Corporation Name

Tury Medical Supply, Inc

2. Principal Office Address

11117 W. Oakoochoke Rd

Suite, Apt. #, etc.

Suite # 114

City & State

Hialeah Gardens FL

Zip

33018

Country

USA

3. Mailing Office Address

11117 W. Oakoochoke Rd

Suite, Apt. #, etc.

Suite # 114

City & State

Hialeah Gardens, FL

Zip

33018

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/06/1999

5. FEI Number

65-0958362

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

Arturo Fonseca

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

2550 W. 60 PL

Suite, Apt. #, Etc.

Building 19 # 106

City

Hialeah

State

FL

Zip Code

33016

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 12/27/01

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
PD	Fonseca, Arturo	2550 W 60 PL Building 19 #106	Hialeah, FL 33016
			mlw

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arturo Fonseca - President

12/27/01 (207) 820-6100
Date Daytime Phone #

CR2E081 (9/00)