

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P990000091355

1. Corporation Name

NATIONWIDE MEDICARE EQUIPMENT & SERVICES, INC.

Principal Place of Business

Mailing Address

7139 GULF BLVD.
ST. PETE BEACH FL 33706

7139 GULF BLVD.
ST. PETE BEACH FL 33706

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

2. New Principal Office Address, If Applicable

4227 GULF BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.

City & State

ST. Pete Bch, FL

Zip

33706 USA

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

5. FEI Number

59-3604263

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BAGNASCO, FRANK JR.	7139 GULF BLVD. 4227 GULF BLVD	ST. PETE BEACH FL 33706
D	BAGNASCO, RICHARD T	7139 GULF BLVD. 4227 GULF BLVD	ST. PETE BEACH FL 33706

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name

FRANK BAGNASCO CEO

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

4227 GULF BLVD

Suite, Apt. #, Etc.

City

ST. Pete Beach

State

FL

Zip Code

33706

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-16-00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED

FRANK BAGNASCO CEO 10-16-00

Date

Daytime Phone #

727 363-7375