

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 NOV 16 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000094347**

1. Corporation Name

NIPRO DIABETES SYSTEMS, INC.

Principal Place of Business

Mailing Address

3150 N.W. 107 AVE.
MIAMI FL 33172

3150 N.W. 107 AVE.
MIAMI FL 33172



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

5. FEI Number

65-0961093

☒

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
D	CANDELARIO, LUIS	3150 N.W. 107 AVE.	MIAMI FL 33172
D	WAKATSUKI, KAZUO	3150 N.W. 107 AVE.	MIAMI FL 33172
D	RAMEY, KIRK	3150 N.W. 107 AVE.	MIAMI FL 33172
D	MIYAZUMI, GOICHI	3150 N.W. 107 AVE.	MIAMI FL 33172
D	ISHIDA, SEIYA	3150 N.W. 107 AVE.	MIAMI FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VANDELARIO, LUIS
3150 N.W. 107 AVE.
MIAMI FL 33172

Name

Luis Candelario

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

3150 N.W. 107 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Luis Candelario
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/12/00

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.

SIGNATURE:

Luis Candelario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00

Date

305-599-7174

Daytime Phone #



NIPRO DIABETES SYSTEM
3150 N.W. 107 Avenue
Miami, Florida 33172
Tel.: (305) 599-7174
Fax: (305) 599-8454

11/01/00

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Nipro Diabetes Systems Application for Reinstatement

Dear Sir or Madam,

On the advise of a customer service representative in your organization we are enclosing payment for \$150.00 and requesting reconsideration of the fine and penalty for reinstatement.

Nipro Diabetes Systems did not receive the original notice of renewal. This was possibly due to mail forwarding problems we have experienced with the postal service. The Nipro organizations relocated during the time in question and mail delivery problems were encountered.

Nipro Diabetes Systems is a sister company of Nipro Medical Corporation and shares facilities & staff at 3150 NW 107th Ave. Miami, FL.

While it is our responsibility to keep accurate records and file timely reports to the state we request consideration based on Nipro Medical Corporations past record of responsible accountability to the division of corporations.

Thank you for your consideration of the above circumstances.

Sincerely,

A handwritten signature in cursive script that reads 'Kirk Ramey'.

Kirk Ramey
Senior Vice President
Nipro Diabetes Systems Inc.

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