

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 MAR 17 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000109852**

1. Corporation Name  
**Finest Medical Sales & Services INC.**

2. Principal Office Address  
**2570 W 84 STREET**

Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

Zip Country  
**33016 USA**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

City & State

Zip Country

**600014451336**  
03/24/03--01003--014 \*\*908.75

4. Date Incorporated or Qualified  
To Do Business in Florida **12-21-99**

5. FEI Number **05-0908975**  
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 **Tomas Delgado**

Street Address (P.O. Box Number is Not Acceptable)  
**2570 W 84 STREET**

Suite, Apt. #, Etc.

City **Hialeah**

State Zip Code  
**FL 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 **Tomas Delgado**  
REGISTERED AGENT MUST SIGN

Date **3-14-02**

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
P	Tomas Delgado	2570 W 84 STREET	Hialeah, FL 33016

**REINSTATEMENT 02-03 TS**

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: **Tomas Delgado**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-02 305-219-1750**  
Date Daytime Phone #