

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION  
REINSTATEMENT  
2000 UBR



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

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**  
08-17-2000 90573 037 \*\*\*150.00

A0073230

DOCUMENT # P99000110779

1. Corporation Name

Med-Depot Supply, Inc.  
3144 CORAL WAY  
MIAMI FL 33145

R

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

ALICIA VIDAL

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

3144 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI FL 33145

State  
FL

Zip Code  
33145

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.

Agent

REGISTERED AGENT MUST SIGN

Date 8-3-00

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
res.	VERDURA, ELIZABETH	5887 SW 27 ST MIAMI FL 33150	MIAMI, FL 33150

I certify that I am an officer or director of 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

Date

Daytime Phone #

8-3-00 (205) 444-2210