

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S00379**

1. Corporation Name

**STAR MEDICAL EQUIPMENT RENTAL, INC.**

Principal Place of Business

777 E. 25TH ST., SUITE 120  
HIALEAH FL 33013  
US

Mailing Address

777 E 25TH ST.  
120  
HIALEAH FL 33013  
US

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

2. New Principal Office Address, If Applicable

**7511 N.W. 73 St.**

Suite, Apt. #, etc.

**Suite 106**

City & State

**MIAMI, FL.**

Zip

**33166**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

**7511 N.W. 73 St.**

Suite, Apt. #, etc.

**Suite 106**

City & State

**MIAMI, FL.**

Zip

**33166**

Country

**U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida

**09/17/1990**

5. FEI Number

**65-0221913**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	SOCORRO, HENRY D	777 E. 25TH ST., SUITE 120 7511 N.W. 73 St., Suite 106	HIALEAH FL 33013 MIAMI, FL. 33166
SD	MARRERO, NANCY C	260 GOCOPULUM ROAD 7511 N.W. 73 St., Suite 106	GORAL GABLES FL MIAMI, FL. 33166

**700002698577-3**  
**12/01/98 01031 006**  
**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARRERO, RAYME**  
**777 E 25TH ST.**  
**#120**  
**HIALEAH FL 33013**

Name

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

**7511 N.W. 73 St.**

Suite, Apt. #, Etc.

**Suite 106**

City

**MIAMI**

State

**FL**

Zip Code

**33166**

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**

Date

**11/19/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/19/98**

Daytime Phone #