

PLEASE READ ALL INSTRUCTIONS BEFORE COI

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
Feb 21 1997 8:00 am  
Secretary of State

DOCUMENT # **593705**

1. Corporation Name  
**BEST MEDICAL RENTALS, INC**

Principal Place of Business Mailing Address  
**2450 SW 137 AVE #231 (SAME)**  
**MIAMI, FLA 33175**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0296818</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	REINALDO MOREJON	1080 SW 142 AVE MIAMI, FLA 33184	MIAMI, FLA 33184
			200002096672--5 -02/25/97--01070--002 ***\$915.00 ***\$915.00

**REINSTATEMENT** **96-97**  
**11-11-97**  
**2/21/97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>MANUEL G. GARCIA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1550 SW 104th Path</b>	
Suite, Apt. #, Etc. <b>112</b>	
City <b>MIAMI</b>	State Zip Code <b>FL 33174</b>

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]** **CPA** Date **2-5-97**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **X [Signature]** **REINALDO MOREJON** **2-5-97** **(305) 552-6645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)