


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
00 NOV 20 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04130 (3)

1. Corporation Name

COMMUNITY MEDICAL EQUIPMENT CORP.

2. Principal Office Address

4368 North Federal Highway

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33308

Country

U.S.A.

3. Mailing Office Address

4368 North Federal Highway

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33308

Country

U.S.A.

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/1991

5. FEI Number

65-0307312

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

MARIA I. BOSCAN

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

4368 North Federal Highway

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

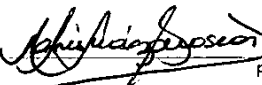
FL

Zip Code

33308

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**



REGISTERED AGENT MUST SIGN

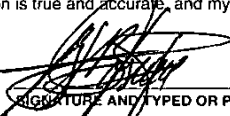
Date Nov. 15 - 2000

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
Presid	GUSTAVO J. BOSCAN	16521 Blatt Blvd.No.211-101 Weston, Florida 33326	WESTON. FLORIDA 33326
Secret	MARIA I. BOSCAN	16521 Blatt Blvd.NO.211-101	WESTON. FLORIDA 33326

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:



GUSTAVO J. BOSCAN

Date

Nov. 15/2000 (305) 219-4477

Daytime Phone #