

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 MAY -5 PM 2:20

DOCUMENT # **V51890**

1. Corporation Name **COLONY MEDICAL SUPPLIES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2900 W/132th/Avda** **166 PALMETTO DRIVE**  
**MIALEAK/FL06100/33012** **MIALEAK/FL06100/33010**

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

2. New Principal Office Address, If Applicable <b>7965 N.W. 67th Street</b>		3. New Mailing Office Address, If Applicable <b>7965 N.W. 67th Street</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>07/20/92</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0346466</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33166</b>	Country <b>Dade</b>	Zip <b>33166</b>	Country <b>Dade</b>	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)

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
D	Duvier Gonzalez	7330 SW 162 P1	Miami, Florida 33193
			600002176746--6 -05/13/97-01071-009 ***1253.75 ***1253.75

REINSTATEMENT 94-97

JB 5-9-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>XXXXXXXXXX / XXXXXX</b> <b>XXXX XXXXXX / XX</b> <b>XXXXXXXXXXXXXXXXXXXX</b>		Name <b>Duvier Gonzalez</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>7965 N.W. 67th Street</b>	
		Suite, Apt. #, Etc.	
		City <b>Miami, Florida</b>	State Zip Code <b>FL 33166</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: Date **April 29, 1997**

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: **Duvier Gonzalez** April 29, 1997 (305) 825-0988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (12/96)