

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -7 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V52063**
1. Corporation Name

VAZQUEZ MEDICAL SUPPLIES, CORP.

2. Principal Office Address
8275 W. 12th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

Zip
33014

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0345761

Applied
Not Appl

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of S

7. Name and Address of Current Registered Agent

Name
Sigfredo Soto

Street Address (P.O. Box Number is Not Acceptable)
8275 W. 12th Avenue

000003506560--8
-12/20/00-01013-011
***750.00 ***750.00

Suite, Apt. #, Etc.
101

City
Hialeah

State
FL

Zip Code
33014

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

Sigfredo Soto
REGISTERED AGENT MUST SIGN

Date December 6, 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
D/P/V S/T	Sigfredo Soto	8275 W. 12th Avenue Suite 101	Miami, FL 33014

REINSTATEMENT 00 18

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

Sigfredo Soto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 6, 2000

Date

Daytime Phone #