PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ~~FOR~~ REINSTATEMENT

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

96 97 92

FILED
97 SEP 10 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63977

1. Corporation Name
MIDWAY HOME CARE EQUIPMENT CO.

Principal Place of Business / Mailing Address
7575 W FLAGLER STREET
SUITE 202 B
MIAMI, FL 33144-2468

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9-15-92

5. FEI Number 65-0357095 ☐ 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 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
PV S,T	OMAR FERNANDEZ	7575 W Flagler ST #202B Miami, FL 33144	MIAMI, FL.

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****365.00 ****365.00

8. Name and Address of Current Registered Agent
OMAR FERNANDEZ
7575 W FLAGLER ST.
SUITE 202 B
MIAMI, FL. 33144-2468

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code
FL

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] REGISTERED AGENT MUST SIGN Date 7/1/97

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] OMAR FERNANDEZ Pres 7/1/97 (305) 264-3354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)