

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 17 PM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V 73252

1. Corporation Name

FLORIDA MEDICAL SUPPLY,  
CORP.

2. Principal Office Address

12460 S.W. 8<sup>th</sup> St

Suite, Apt. #, etc.

Ste 210

City & State

MIAMI FL

Zip

33184

Country

USA

3. Mailing Office Address

P.O. Box 112827

Suite, Apt. #, etc.

City & State

HALEAH, FL

Zip

33011

Country

USA

**REINSTATEMENT** 98-04  
6-2-04 010357001 1,050.00

4. Date incorporated or Qualified  
To Do Business in Florida

10-12-92

5. FEI Number

650366874

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

MANUEL E. IGLESIAS, Esq.

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

2151 LEJEUNE RD

Suite, Apt. #, Etc.

MEZZANINE

City

CORAL GABLES

State

FL

Zip Code

33134

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/15/04

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
OPS	NORMA GUERRERO	12460 S.W. 8 <sup>th</sup> St # 210	Miami FL 33184

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04

Date

298-8589

Daytime Phone #

CR2E081 (01/04)

**WILSON  
SUAREZ  
LOPEZ &  
GENNETT**

Attorneys At Law  
A Partnership of Professional Associations

June 15, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
Attn: Marquitta Williams

via FedEx

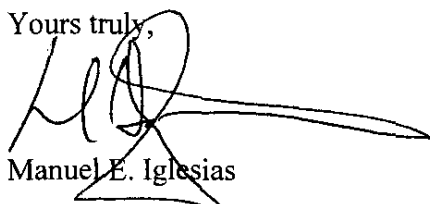
**RE: Florida Medical Supply, Corp**  
**FEI Number 650366874**  
**Document Number V73252**

Dear Sir and/or Madam:

Please note that the referenced corporation has not received notice for the filing of their annual report for the year 1998 and each subsequent year. Accordingly, request is hereby made for reinstatement of the corporation and that the penalty be waived. A check in the amount of \$1050 was sent to you on June 1, 2004 representing the fee for filing the years 1999 through 2004.

Thank you for your personal attention to this matter. If you require additional information, please contact me at the number noted above.

Yours truly,



Manuel E. Iglesias

MEI/fc

Enclosures

WILSON  
SUAREZ  
LOPEZ &  
GENNETT

Attorneys At Law  
A Partnership of Professional Associations

June 1, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

via FedEx

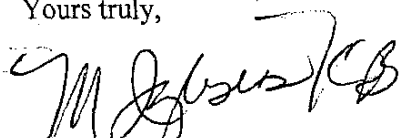
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If you require additional information, please contact me at the number noted above. Your cooperation is appreciated.

Yours truly,



Manuel E. Iglesias

MEI/cb

Enclosures