Nov 06 08 03:46p Lori Gonzalez 850-936-8103 p.1

11/06/2008 15:26 2516606174

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV 12 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002734

1. Entity Name
SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
4497 DAWES RD. THEODORE, AL 36582	P.O. BOX 850247 MOBILE, AL 36685

REINSTATEMENT (1/07) 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 72-1352313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LORI
6815 TIDEWATER DR.
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

X SIGNATURE: Lori Gonzalez 11/6/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

800137836028
11/12/08--01003--012 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP MASON, TONY P.O. BOX 850247 MOBILE, AL 36685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MASON, JERRI P.O. BOX 850247 MOBILE, AL 36685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #