PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

96-97 AR

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

FILED
97 DEC 11 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002468

1. Corporation Name
Wolf Medical Supply, Inc.

Principal Place of Business / Mailing Address
4530 N. Hiatus Rd. Suite #111
Sunrise, FL 33351

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

2. New Principal Office Address, If Applicable
4530 N. Hiatus Rd.
Suite, Apt. #, etc. Suite #111
City & State Sunrise FL
Zip 33351 Country USA

3. New Mailing Office Address, If Applicable
4530 N. Hiatus Rd.
Suite, Apt. #, etc. Suite #111
City & State Sunrise FL
Zip 33351 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1-9-95

5. FEI Number 65-0549437 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Gary Wooldson	4530 N. Hiatus Rd #111	Sunrise, FL 33351

800002373888--5
-12/16/97--01102--016
****373.75 ****373.75

8. Name and Address of Current Registered Agent
Gary Wooldson
4530 N. Hiatus Rd. Suite #111
Sunrise, FL 33351

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

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
REGISTERED AGENT MUST SIGN
Date 12-10-97

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: Gary Wooldson President 12-10-97 954-741-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E023 (1/96)

(2)

WOLF MEDICAL SUPPLY, INC.

December 10, 1997

Attention: Andy Dunlap
Florida Department Of State

Dear Andy:

Thank you for sending the reinstatement form to us. We are writing this letter pursuant to our telephone conversation on December 4, 1997. We are enclosing the form with a check for $373.75. This amount covers $200.00 for 1996, $165.00 for 1997 and $8.75 for a certificate of status.

We never received your annual report form for 1996. We moved from the 17890 NE 31st court address and the mail was never forwarded to our new location. Had we rececieved this form we would have paid our dues on time. Thanks for your time and sorry for any conveniences this had caused.
If you have any questions, I can be reached at 954-741-9008.

Sincerely,

Gary Woolfson
President

4530 N. Hiatus Road, Suite 111, Sunrise, FL 33351, Phone 954.741.9008, Fax 954.741.0013