

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



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

FILED

DOCUMENT # 758555

99 JUN 14 PM 1:07

1. Corporation Name

SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIALS MANAGEMENT, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MIAMI CHILDREN'S HOSP  
MATERIEL SERVICES, 3100 SW 62ND AVE  
MIAMI FL 33155-3009  
US

C/O MIAMI CHILDREN'S HOSP  
MATERIEL SERVICES, 3100 SW 62ND AVE  
MIAMI FL 33155-3009  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

c/o Coral Springs Med. Ctr  
Suite, Apt. #, etc.  
Materiel 3000 Coral Hills Dr  
City & State  
Coral Springs  
Zip 33065 Country USA

← Same  
Suite, Apt. #, etc.  
City & State  
Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1981

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
DP	BROWN, PATRICIA L	12201 SW 148 ST. #501	MIAMI FL
D	LESTER, JAMES C	3350 EMERALD POINTE DR	HOLLYWOOD FL
TD	MIND, HUMBERTO Ray Ketterer	5500 SW 3RD ST 8546 NW 28 CT	PLANTATION FL Coral Springs FL 33065
D	RAGLAND, PHILIP	1475 SW 49 ST	HIALEAH FL
D	Peter Dolan	923 SE 16 Place	Doverfield FL 33441
T	Miguel Victorios	14022 S. FOREST OAK CIRCLE 5402 OLD BAYVIEW #317	DAVIE FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, PATRICIA L  
MIAMI CHILDREN'S HOSPITAL  
MATERIEL SERVICES, 3100 SW 62ND AVE  
MIAMI FL 33155

Name Peter Dolan, Coral Springs Med Ctr  
Street Address (P.O. Box Number is Not Acceptable)  
3000 Coral Hills Dr  
Suite, Apt. #, Etc.  
Materiel Services Dept.  
City Coral Springs  
State FL Zip Code 33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 337.0505, F.S.

Signature of Registered Agent

Peter Dolan

REGISTERED AGENT MUST SIGN

Date

4/15/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 617.04(1), 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:

Peter Dolan

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Dolan President 4/15/99 654/344-3030

Date

Daytime Phone #

CR2E040 (9/98)