

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 758555

1. Corporation Name

SOUTHEAST FLORIDA SOCIETY FOR  
HEALTHCARE MATERIALS MANAGEMENT, INC

2. Principal Office Address

4380 N.W. 135 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33054

Country

DADE

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5/28/1981

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

ASSAD MIRZA, ESQ.

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

4380 N.W. 135 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33054

900035777819  
05/07/04--01079--022 \*\*36.50

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

*Assad Mirza*  
REGISTERED AGENT MUST SIGN

Date

4/29/04

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
P	PETER DOLAN	923 SE. 16 <sup>TH</sup> PLACE	DEERFIELD, FL 33441
S	JERI FARRELL	1608 SE. 3 <sup>RD</sup> AVE	FT. LAUDERDALE, FL 33306
T.	ASSAD MIRZA	4380 N.W. 135 STREET	MIAMI, FL 33054

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

4/29/04

Date

954-445-5503

Daytime Phone #

CR2E081 (01/04)