FILED
10 DEC 20 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005852

1. Corporation Name
A. Kingsbury Co., Inc.

300188785923
12/17/10--01002--006 **2100.00
REINSTATEMENT 01-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
170 Finn Ct.	170 Finn Ct.
Suite, Apt. # etc	Suite, Apt. #, etc
City & State: Farmingdale, NY	City & State: Farmingdale NY
Zip: 11735 Country: US	Zip: 11735 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/25/99

5. FEI Number: 11-2338945 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

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: Elizabeth R. Konieczny Asst V.P. Date: 12-10-10
REGISTERED AGENT MUST SIGN Elizabeth R. Konieczny

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
President	Patrick J. Meehan	207 West End Ave.	Massapequa, NY 11758
CFO	Philip T. Bilello	6 Pelican Rd.	Hauppauge NY 11788

10. E-mail Address: pbilello@medmedsys.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized entity 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, I further certify 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: X [signature] 12/6/10 (631) 844-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/20