PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		9	DEPARTM Secretary of SION OF CORE			07 APR 30 PM		
DOCUMENT # F02000001777 1. Corporation Name All South Medical Supply IP c.						TALLAHASSEE, FLORIDA			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1667 S Hug Tordan Parkvay P.O. By 4007						REINSTATEMENT 04-07			
Suite, Apt. #, etc. Suite, Apt. #, etc.						WU70000/3467			
403						Date Incorporated or Qualified To Do Business in Florida			
City & State Aubuar A			Auburr, A			5. FEI Number Applied For Not Applicable			
Zip 366	Country	e 4SA	Zip 3 683		ountry USA	6.	OF STATUS DESIDED S8.75. Add	ditional Fee required	
	STATE OF THE STATE	ne and Address of	****	ACCORDANCE OF THE CO.			The state of the s		
Name Steve Shiflett						☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
Street Address (P.O. Box Number is Not Acceptable) 11 RACE Truck ROAd									
Suite, Apt. #, Etc.						received and requesting the reinstatement fee be waived.			
Ft. Valton Black FL 32547						loo be walved.			
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 Stew Shight							Date 3-9-07		
REGISTERED AGENT MUST SIGN									
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				
Pres;	Steve	Sriti	ett	2161	Brenton L	M	Auburr, Ac	36-830	
Sec. Tees	Jef+	Shifi	ett	714	Madine	Or	AUBURN BU 3	36830	
						05/24/		\$0.00	
						05/24/	0103222816 0701059017 **49	50.90	
					<u> </u>				
							K. Eckel MAY -	8 2007	
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 filling 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 quality for an exemption contained in Chapter 119, 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: Dh Shift Steve Shiflett 3-9-07 334-821-2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									