

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F04000002727

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** BINSON'S HOSPITAL SUPPLIES, INC.

**Current Principal Place of Business:**

26834 LAWRENCE  
CENTER LINE, MI 48015

**New Principal Place of Business:**

**Current Mailing Address:**

26834 LAWRENCE  
CENTER LINE, MI 48015

**New Mailing Address:**

**FEI Number:** 38-2236525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FASSE, KENNETH G  
2069 ALOMA AVE  
WINTER PARK, FL 32765 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** KENNETH G FASSE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** BINSON, JAMES E  
**Address:** 26834 LAWRENCE  
**City-St-Zip:** CENTER LINE, MI 48015

**Title:** VP  
**Name:** BINSON, JAMES E II  
**Address:** 26834 LAWRENCE  
**City-St-Zip:** CENTER LINE, MI 48015

**Title:** S  
**Name:** FASSE, KENNETH G  
**Address:** 26834 LAWRENCE  
**City-St-Zip:** CENTER LINE, MI 48015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES E. BINSON

PRES

10/04/2010

Electronic Signature of Signing Officer or Director

Date