

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV -8 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F25953**

1. Corporation Name

DANBETH MEDICAL SUPPLY, INC.

Principal Place of Business
640C-WEST PLYMOUTH AVE.
P. O. BOX 907
DELAND FL 32720

Mailing Address
640C-WEST PLYMOUTH AVE.
P. O. BOX 907
DELAND FL 32720

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

2. New Principal Office Address, If Applicable

2409 International Highway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2409 International Highway

Suite, Apt. #, etc.

City & State

DeLand, Fla

Zip
32724

Country

City & State

DeLand Fla

Zip
32724

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1981

5. FEI Number

59-2082050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 / Zip
PT	KATHY, TEDDER O	666 W MINNESOTA AVE	DELAND FL
V	HUNT, DANIEL	2180 ANCHOR RD	DELAND FL
P	HUNT, ELIZABETH	2180 ANCHOR RD	DELAND FL

600002006596-1
-11/18/96--01004--015
*****375.00 *****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

HUNT, DANIEL H, II
648 C-WEST PLYMOUTH AVE.
DELAND FL 32720

9. Name and Address of New Registered Agent

Name *Elizabeth Hunt*
Street Address (P.O. Box Number is Not Acceptable)
2409 International Highway
Suite, Apt. #, Etc.
City *DeLand* State *FL* Zip Code *32724*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date *9/18/96*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 617.0401, 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

Date

Daytime Phone #