

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F25953**

1. Corporation Name

DANBETH MEDICAL SUPPLY, INC.

FILED

98 MAY 14 AM 10:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

318 S. Scenic Highway

Suite, Apt. #, etc.

Suite 104

City & State

Lake Wales FL

Zip
33853-3848

Country
Polk

3. New Mailing Office Address, If Applicable

318 S. Scenic Highway

Suite, Apt. #, etc.

Suite 104

City & State

Lake Wales FL

Zip
33853-3848

Country
Polk

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/81

5. FEI Number

59-2092050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Brian Somerman	716 Germantown Pike	Lafayette Hill, PA 19444

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TB 5/19

8. Name and Address of Current Registered Agent

**Elizabeth Hunt
2409 International Speedway
Orlando, FL 32724**

9. Name and Address of New Registered Agent

Name **Herbert R. Donica**
Street Address (P.O. Box Number is Not Acceptable) **Evans & Donica
201 E. Kennedy**
Suite, Apt. #, Etc. **Suite 1500**
City **Tampa** State **FL** Zip Code **33602**

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

Signature of
Registered Agent

Herbert R. Donica
REGISTERED AGENT MUST SIGN

Date

5/11/98

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

Herbert R. Donica

4/30/98
Date

215-886-0430
Daytime Phone #