

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F25953

1. Corporation Name

DANBETH MEDICAL SUPPLY, INC.

Principal Place of Business

318 S. SCENIC HIGHWAY
STE. 104
LAKE WALES FL 33853

Mailing Address

318 S. SCENIC HIGHWAY
STE. 104
LAKE WALES FL 33853

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

2. New Principal Office Address, If Applicable

10 STOCKTON STREET

3. New Mailing Office Address, If Applicable

333 JENKINTOWN COMMONS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JENKINTOWN PA

Zip

32204

Country

Zip

19046

Country

MONTGOMERY

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1981

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 3	City / State / Zip 4
P	SOMERMAN, BRIAN	716 GERMANTOWN PIKE	LAFAYETTE HILL PA 19444
			900003454829--8 --11/07/00--01050--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DONICA, HERBERT R
320 W. KENNEDY #520
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date 10-23-00

REGISTERED AGENT MUST SIGN

11. 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

BRIAN SOMERMAN

Date

10-16-00

Daytime Phone #

215
886-0430

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 PM 3:24



REINSTATEMENT 00

CR2E040 (8/00)