

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC 16 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # Fle6087

1. Corporation Name

Drug & Device Associates, Inc.

Principal Place of Business

Mailing Address

1312A Apollo Beach Blvd.
Apollo Beach, FL 33572

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 02/05/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2173562

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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.	Donald J. Cattaneo	341 Village Drive	St. Augustine, FL 32095
Sec- Treas	Cheryl A. Cattaneo	341 Village Drive	St. Augustine, FL 32095

REINSTATEMENT

300002373893--0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Donald J. Cattaneo
341 Village Drive
St. Augustine, FL 32095

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/11/97

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

12/11/97 813-645-0590

Date

Daytime Phone #

CR2EAO (12/96)

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ACCOUNT NO. : 072100000032

REFERENCE : 637691 8793A

AUTHORIZATION :

COST LIMIT : \$1,767.50

ORDER DATE : December 16, 1997

ORDER TIME : 1:38 PM

ORDER NO. : 637691-005

CUSTOMER NO: 8793A

CUSTOMER: Ms. Margaret Williamson
Langford & Hill, P.a.
1715 West Cleveland Street

Tampa, FL 33606

DOMESTIC FILINGS

NAME: DRUG & DEVICE ASSOCIATES,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jon A Bowling
EXAMINER'S INITIALS _____