PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

97 NOV 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F91642**

1. Corporation Name
AMERICAN HOSPITAL SUPPLY, INC.

Principal Place of Business	Mailing Address
% BRUCE D. ANDERSEN	% BRUCE D. ANDERSEN
~~3383 SW 11 AVE~~	~~3383 SW 11 AVE~~
~~FT. LAUDERDALE FL 33315~~	~~FT. LAUDERDALE FL 33315~~

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
Suite, Apt. #, etc.: 1629 PRIME COURT, SUITE 700	Suite, Apt. #, etc.: 1629 PRIME COURT, SUITE 700
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32809 Country: USA	Zip: 32809 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/16/1982

5. FEI Number: 59-2203969 ☐ 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
P	ANDERSEN, BRUCE D	~~3383 SW 11 AVE.~~ 1629 Prime Court, ste. 700	~~FT. LAUDERDALE FL 33315~~ Orlando, FL 32809
V	ANDERSEN, C. WESLEY	~~3383 SW 11 AVE.~~ 1629 Prime Court, ste. 700	~~FT. LAUDERDALE FL 33315~~ Orlando, FL 32809
S	ANDERSEN, SALLY J	~~3383 SW 11 AVE.~~ 1629 PRIME COURT, ste. 700	~~FT. LAUDERDALE FL 33315~~ ORLANDO, FL 32809

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-11718/97--01018--024
****750.00 ****750.00

REINSTATEMENT 97 11/14/97

8. Name and Address of Current Registered Agent

ANDERSEN, BRUCE D
~~3383 SW 11 AVE~~ 1629 Prime Court, ste. 700
~~FT. LAUDERDALE FL 33315~~ Orlando, FL 32809

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: REGISTERED AGENT MUST SIGN (BRUCE ANDERSEN) Date: 11/11/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 (BRUCE ANDERSEN) Date: 11/11/97 Daytime Phone #: 904 328 5009

CR5E040 (8/97)