

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

93 SEP -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005833

1. Corporation Name

EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION

Principal Place of Business

Mailing Address

5070 N. HWY A1A
214 ABC
INDIAN RIVER SHORES FL 32963

5070 N. HWY A1A
214 ABC
INDIAN RIVER SHORES FL 32963

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

2. New Principal Office Address, If Applicable

1919 27TH AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1919 27TH AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1995

5. FEI Number

65-0602208

Applied For

Not Applicable

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32960

Country
USA

Zip
32960

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCDS	YENGIBARYAN, VACHAGAN R	5070 N. HWY A1A, 214 ABC 1919 27TH AVE	INDIAN RIVER SHORES FL 32963 VERO BEACH, FL 32960
VD	JASON, KENNETH L	5070 N. HWY A1A, 214 ABC 1919 27TH AVE	INDIAN RIVER SHORES FL 32963 VERO BEACH, FL 32960
TD	YENGIBARIAN, VLADIMIR V	5070 N. HWY A1A, 214 ABC 1919 27TH AVE	INDIAN RIVER SHORES FL 32963 VERO BEACH, FL 32960

600002983016--7
-09/09/99--01078--010
***308.75 ***908.75

8. Name and Address of Current Registered Agent

YENGIBARYAN, VACHAGAN R
5070 N. HWY A1A
214 ABC
INDIAN RIVER SHORES FL 32963

9. Name and Address of New Registered Agent

Name
YENGIBARYAN, VACHAGAN R.

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

1919 27TH AVE.

Suite, Apt. #, Etc.

City
VERO BEACH

State
FL

Zip Code
32960

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
AUG. 12, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side of this 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:

V. YENGIBARYAN

AUG 12, 1999

561 7706094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2540 (9/98)