

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000001020

1. Corporation Name

MEDICAL SPECIALTIES DISTRIBUTORS, INC.

Principal Place of Business

58 NORFOLK AVENUE
SOUTH EASTON MA 02375

Mailing Address

58 NORFOLK AVENUE
SOUTH EASTON MA 02375

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1996

5. FEI Number

04-3164863

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	SILLS, JOHN	58 NORFOLK AVENUE	SOUTH EASTON MA
D	CONRAD, EDWARD	58 NORFOLK AVE	SO EASTON MA
D	PAGLVEA, STEPHEN	58 NORFOLK AVE	SO EASTON MA
D	GAFFEY, STAN	58 NORFOLK AVE	SO EASTON MA
D	MAKI, JOHN	58 NORFOLK AVE	SO EASTON MA
M	DAVID SILUK	58 NORFOLK AVE	SO. EASTON MA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003026945--5
Suite, Apt. #, Etc.
10/27/99 01032-018
City
State
FL Zip Code
***758.75 ***758.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent CT Corporation System [Signature]
REGISTERED AGENT MUST SIGN

Date 10/07/99

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 807 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 807.0401 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

Date

Daytime Phone #

10/14/99

(508) 238-8570