

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 1:04

Read Instructions on Other Side Before Making Entries

Read Instructions Available To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # H41886**

SUNBELT MEDICAL SUPPLY, INC.
10220 NW 50th Street
Sunrise, Florida 33351-8078

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

20 CAPITAL DRIVE

City and State

Zip Code

HILTON HEAD, S.C. 29926-2340

3. If Principle Office Address is different from mailing address, enter address below:

C/O Mr. Steven A. Weinberg

Address

7805 S.W. 6th Court

City and State

Zip Code

Plantation, Florida

33324

4. Date Incorporated or Qualified To Do Business in Florida

2/8/85

5. FEI Number

59-2507648

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JONATHAN M. DILLON	c/o 7805 S.W. 6th Ct.	Plantation, Fl. 33324
			500003291005--6 -06/15/00--01057--008 ***900.00 ***900.00
			REINSTATEMENT 99-06

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Mr. Jonathan M. Dillon
6341 NW 65th Terrace
Parkland, Florida 33067

9. If changed, new registered agent / office

Name

Mr. Steven A. Weinberg, Esq.

Street Address (Do NOT Use P.O. Box Number)

7805 S.W. 6th Court

Street Address (Do NOT Use P.O. Box Number)

City

Plantation,

State

FL.

Zip

33324

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

5/20/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date

5-15-00

Daytime Phone #

(954) 474-8000

Jonathan Dillon, President

CR2E040 (8/92)