

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K57313

1. Entity Name  
SUN MEDICAL AND SURGICAL SUPPLY, INC.



FILED

08 NOV -5 AM 10: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1455 EAST VENICE AVENUE  
#205 - VENICE COMMONS SHOPPING CENTER  
VENICE, FL 34285

Mailing Address  
1455 EAST VENICE AVENUE  
#205 - VENICE COMMONS SHOPPING CENTER  
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #  
2045 12<sup>th</sup> Street  
Suite, Apt. #, etc.

3. Mailing Address  
2045 12<sup>th</sup> Street  
Suite, Apt. #, etc.

City & State  
Sarasota, Florida  
Zip  
34237  
Country  
Sarasota

City & State  
Sarasota, Florida  
Zip  
34237  
Country  
Sarasota



REINSTATEMENT 08

11032008 REIN-P CR2E098 (1/07)

4. FEI Number  
65-0096179  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KUSHIM, DEAN  
2065 12TH ST  
SARASOTA, FL 34237

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dean N. Kush 11/3/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSHIM, DEAN		NAME		
STREET ADDRESS	2065 12TH ST		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34237		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dean N. Kush 11/3/08 941-954-9066  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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