

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

97-98 AR

FILED

98 MAY 12 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30927

1. Corporation Name *Advanced Medical Products Inc*

Principal Place of Business Mailing Address
*105 Carlyle Circle
Palm Harbor FL 34683*

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		4. Date Incorporated or Qualified To Do Business in Florida <i>11/16/89</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59 302 7848</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
President	<i>Edward Randall Bradshaw</i>	<i>105 Carlyle Circle</i>	<i>Palm Harbor FL 34683</i>
Manager	<i>Carol Lynn Bradshaw</i>	<i>105 Carlyle Circle</i>	<i>Palm Harbor FL 34683</i>

600002522126--2
-05/13/98--01091--003
****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Edward Randall Bradshaw
105 Carlyle Circle
Palm Harbor FL 34683*

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 *Edward Randall Bradshaw*
REGISTERED AGENT MUST SIGN

Date *5/1/98*

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:

Edward Randall Bradshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/98 *813778300*
Date Daytime Phone #

CR2E040 (1/98)