

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

99 JAN -5 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1746528**

1. Corporation Name

HMS Purchasing Group, Inc.

3000002735503 -- E
-01/08/99-01114-005
****236.25 ****236.25

REINSTATEMENT 98

Principal Place of Business

Mailing Address

400 Sawgrass Corporate Parkway

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 551540

Fort Lauderdale, FL

33355-1540

4. Date Incorporated or Qualified To Do Business in Florida

12/19/91

5. FEI Number

65-0304362

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Ken Harthausen	400 Sawgrass Corporate Parkway	Sunrise, FL 33325
P	Alan Pyles	400 Sawgrass Corporate Parkway	Sunrise, FL 33325
ST	Cynthia Starrett	400 Sawgrass Corporate Parkway	Sunrise, FL 33325
ASPD	Ted Wolk	400 Sawgrass Corporate Parkway	Sunrise, FL 33325
VP	Howard Wolk	400 Sawgrass Corporate Parkway	Sunrise, FL 33325
D	Sid Wolk	400 Sawgrass Corporate Parkway	Sunrise, FL 33325

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name **Cynthia J. Starrett**
Street Address (P.O. Box Number is Not Acceptable)
400 Sawgrass Corporate Parkway
Suite, Apt. #, Etc.
City **Sunrise** State **FL** Zip Code **33325**

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

Cynthia J. Starrett

REGISTERED AGENT MUST SIGN

Date **December 30, 1998**

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)(f), 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:

Cynthia J. Starrett

12/30/98

954-845-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia J. Starrett, Secretary + Treasurer