

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000026812

1. Corporation Name

S & S MEDICAL BOOKS INC.

Principal Place of Business

173 N.W. 81ST WAY
CORAL SPRINGS FL 33071

Mailing Address

173 N.W. 81ST WAY
CORAL SPRINGS FL 33071

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

03/14/2000

5. FEI Number

65-0998454

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CICCOLINI, STEPHEN J	173 N.W. 81ST WAY	CORAL SPRINGS FL 33071
D	CICCOLINI, SUSAN	173 N.W. 81ST WAY	CORAL SPRINGS FL 33071

200008625222
10/28/02--01080--016 **150.00

10/1/02

8. Name and Address of Current Registered Agent

CICCOLINI, STEPHEN J
173 N.W. 81ST WAY
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Stephen J. Ciccolini
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct. 24, 2002

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 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:

Susan L. Ciccolini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

954-345-4338

Daytime Phone #

CR2E040 (802)

October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

S & S Medical Books Inc. just received a Notice of Administrative Dissolution or Revocation. We did not receive the two prior uniform business report (UBR) notices from the state.

As requested in the notice, I am enclosing with this letter the completed application for reinstatement and the \$150 UBR filing fee. If you have any questions, please contact me.

Sincerely,

Susan L. Ciccolini

Susan L. Ciccolini, Director

S & S Medical Books Inc.
173 NW 81 Way
Coral Springs, FL 33071
(954)345-4338