

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -4 PM 2:09

DOCUMENT # P00000103474

1. Corporation Name

DYN-O-MEDICAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

2001 AUSTRALIAN AVE  
RIVIERA BEACH FL 33404

2001 AUSTRALIAN AVE  
RIVIERA BEACH FL 33404

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

11/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1066403

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
CEO	CORDANI, PETER J	10101 MILITARY TRAIL	PALM BEACH GARDENS FL 33410
VP	<del>RICKERT, KEN</del> MICHAEL CORDANI	<del>4543 GLEN EAGLES DR.</del> 8428 Ibis Reserve Cir.	<del>BOYNTON BEACH FL 33436</del> West Palm Beach, FL 33412
P/S	DUTTON, LAWRENCE	265 S.W. INWOOD DR.	PORT SAINT LUCIE FL 34984
	GRITTER, BRUCE	29657 BIG PINE KEY Enterprise Ave	<del>WEST PALM BEACH FL 33403</del> Big Pine Key, FL 33043

000013520950  
03/04/03 01090 010 \*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORDANI, PETER J  
10101 MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-25-03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-03 561-863-9113

CR2E040 (8/02)