

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CALLAHAN, J. M.

12 DEC 31 AM 10:15

DOCUMENT # P01000016840

1. Corporation Name

Surgical Sales associates

300243238643
01/02/13--01023--003 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

6510 Columbia Park Dr Ste

Suite, Apt. #, etc.

201

3. Mailing Office Address

8031 Pebble Creek Lane W

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

City & State

Porto Vidra FL

Zip

Country

32082

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/01

5. FEI Number

59-3695074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Shields

Street Address (P.O. Box Number is Not Acceptable)

8031 Pebble Creek Lane W

Suite, Apt. #, Etc.

City

Porto Vidra

State

FL

Zip Code

32082

REINSTATEMENT 2012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael F Shields

Date

12/31/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Michael Shields	8031 Pebble Creek Lane W	Porto Vidra FL 32082

10. E-mail Address:

Surgicalsales@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F Shields

12/31/12 DEC 31 2012

Date

Daytime Phone #

D. BUTLER