

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -8 PM 3:13

DOCUMENT # P01000058415

1. Corporation Name

Hunter Riley Medical Sales, Inc.

900068110969  
03/20/06--01025--023 \*\*450.00

2. Principal Office Address

561 Coconut Drive

Suite, Apt. #, etc.

3. Mailing Office Address

561 Coconut Drive

Suite, Apt. #, etc.

City & State

Indianantic, FL

Zip

32903

Country

USA -

City & State

Indianantic, FL

Zip

32903

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

6/8/2001

5. FEI Number

593671486

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

Edward P. Adamy

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

561 Coconut Drive

Suite, Apt. #, Etc.

City

Indianantic

State

FL

Zip Code

32903

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/2006

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
<u>P</u>	<u>EDWARD P. ADAMY</u>	<u>561 COCONUT DRIVE</u>	<u>INDIANTR, FL 32903</u>
<u>V</u>	<u>KERRI ADAMY</u>	<u>561 COCONUT DRIVE</u>	<u>INDIALANTIC, FL 32903</u>

10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/06 (321) 951-9178

Daytime Phone #

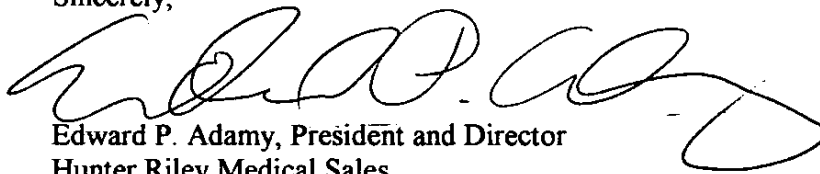
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February 14, 2006

To Whom It May Concern:

Recently I was made aware of the dissolution of my Corporation by the Florida Department of State. I would like to state that I never received by mail or any other form of communication the annual report notices. I would very much like to resolve this issue and pay my 2004-2006 Annual Report and Corporate Supplemental Fees. Please note the address on my Corporation Reinstatement Form. Thank you and kindly accept my regrets.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edward P. Adamy', written in a cursive style.

Edward P. Adamy, President and Director  
Hunter Riley Medical Sales