

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013260

1. Corporation Name

AEROMED SYSTEMS, INC.

Principal Place of Business

Mailing Address

2101 SW 87TH PLACE
OCALA FL 34476

2101 SW 87TH PLACE
OCALA FL 34476

W04-36352

FILED

04 NOV -9 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

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

01/31/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

03-0386826

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCQUAIG, ROBERT	2101 SW 87TH PLACE	OCALA FL 34476

500041524635
10/15/04--01061--007 **\$300.00

500041524635
10/01/04--01015--003 **\$600.00

BRW/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCQUAIG, ROBERT
2101 SW 87TH PLACE
OCALA FL 34476

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/2/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/04 352-622-6793

Date

Daytime Phone #

CR2E040 (7/03)