

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074612

1. Corporation Name

Volusia Medical Supply, Inc.

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

591. Beville Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

591. Beville Rd

Suite, Apt. #, etc.

City & State

South Daytona - FL

City & State

South Daytona, FL 3

Zip

32119

Country

USA

Zip

32119

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/5/2002

5. FEI Number

16-1624137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 07-10

700171549917  
03/09/10--01001--019 \*\*600.00

7. Name and Address of Current Registered Agent

Name LAIKHUNNISA Aziz

Street Address (P.O. Box Number is Not Acceptable) 275 Gala Circle

Suite, Apt. #, Etc.

City Daytona Beach

State FL

Zip Code 32124

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/6/10

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
President owner	LAIKHUNNISA Aziz	275. Gala circle	Daytona Beach FL 32124

10. E-mail Address: laikha@VolusiaMedicalSupply.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/10

Date

Daytime Phone #