

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 27 AM 9:55

DOCUMENT # P02000109485

1. Corporation Name

DEVON MEDICAL SERVICES, INC.

KS

800158929148  
07/27/09--01040--018 \*\*750.00

REINSTATEMENT 05-09

2. Principal Office Address - No P.O. Box #  
676 WEST PROSPECT ROAD

3. Mailing Office Address  
676 WEST PROSPECT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FLORIDA

City & State  
FT. LAUDERDALE, FLORIDA

Zip Country  
33309 USA

Zip Country  
33309 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2002

5. FEI Number  
59-3761598

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  
JEFFREY DEVON

Street Address (P.O. Box Number is Not Acceptable)  
676 WEST PROSEPT ROAD

Suite, Apt. #, Etc.

City  
FT. LAUDERDALE

State Zip Code  
FL 33309

☒ 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

Date

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
P	DEVON, JEFFREY	676 WEST PROSPECT ROAD	FT. LAUDERDALE, FL 33309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/09 561-393-3576  
Date Daytime Phone #