

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **905000062390**

1. Corporation Name

Shelby Medical Incorporated

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

3044 Cypress Creek Drive E

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach

Zip

32082

Country

USA

3. Mailing Office Address

3044 Cypress Creek Drive E

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach

Zip

32082

Country

usa

REINSTATEMENT
CR2E081 (12/07) 08-08

4. Date Incorporated or Qualified
To Do Business in Florida

April 28, 2005

5. FEI Number

202748056

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

John Spaulding

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

3044 Cypress Creek Drive E

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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 **4/30/08**

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	John Spaulding	3044 Cypress Creek Drive E	Ponte Vedra Beach, FL 32082

100129432531
05/14/08--01008--017 **450.00

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

Date

4/30/08 (901) 273 9073

Daytime Phone #

B. M. Mch 31 APR 30 2008