

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000062390

1. Corporation Name
Shelby Medical Incorporated

2. Principal Office Address - No P.O. Box # 3044 Cypress Creek Drive East		3. Mailing Office Address 830 A1A North	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 13-119	
City & State Ponte Vedra Beach		City & State Ponte Vedra Beach	
Zip 32082	Country St. Johns	Zip 32082	Country St. Johns

FILED
 2024 FEB 23 AM 10:48
 SECRETARY OF STATE
 TALLAHASSEE, FL
 CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 4/25/2005	
5. FEI Number 20-2748056	Applied For <input type="checkbox"/> 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 S. Spaulding

Street Address (P.O. Box Number is Not Acceptable)
3044 Cypress Creek Drive East

Suite, Apt. #, Etc.

City
Ponte Vedra Beach

State
FL

Zip Code
32082

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 *DocuSigned by: John S. Spaulding* REGISTERED AGENT MUST SIGN

Date **December 20, 2023**

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	John S. Spaulding	3044 Cypress Creek Drive East	Ponte Vedra Beach, FL 32082

10. E-mail Address: **John.Spaulding@modetransportation.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *John S. Spaulding* December 20, 2023