

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000067363

FILED
Oct 21, 2013
Secretary of State

Entity Name: SHORELINE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

19 PINE HOLLOW WAY
ORMOND BEACH, FL 32174 USA

New Principal Place of Business:

Current Mailing Address:

19 PINE HOLLOW WAY
ORMOND BEACH, FL 32174 USA

New Mailing Address:

FEI Number: 46-0738384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDY, ANNA
19 PINE HOLLOW WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HANDY, CHAD
19 PINE HOLLOW WAY
ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAD W. HANDY

10/21/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HANDY, CHAD
Address: 19 PINE HOLLOW WAY
City-St-Zip: ORMOND BEACH, FL 32174 USA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAD W. HANDY

PRES

10/21/2013

Electronic Signature of Signing Officer or Director

Date