

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 4:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P39753**

1. Corporation Name

MICRO BIO-MEDICS, INC.

Principal Place of Business

Mailing Address

846 PELHAM PARKWAY
 PELHAM MANOR NY 10903

846 PELHAM PARKWAY
 PELHAM MANOR NY 10903



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1992

5. FEI Number

13-2692560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
CD	BERGMAN, STANLEY	846 PELHAM PARKWAY	PELHAM MANOR NY
CD	PALADINO, STEVEN BUTHER, LOUIS	846 PELHAM PARKWAY	PELHAM MANOR NY
CD	FLEISCHER, STUART	846 PELHAM PARKWAY	PELHAM MANOR NY
CD	BUTLER, GARY BUTLER, GARY	846 PELHAM PARKWAY	PELHAM MANOR NY
S	MITECK, MARK HLOTEK	846 PELHAM PARKWAY	PELHAM MANOR NY

8. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES INC
 4435 OLD WINTER GARDEN RD
 ORLANDO FL 32802

9. Name and Address of New Registered Agent

Name: **REINSTATEMENT**
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc.:
 City: State: Zip Code: **FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Marc D. Moel

Date

10/19/00

Marc D. Moel, Asst. Secy. for **Blumberg Excelsior Corporate Services, Inc. its Agent**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Marc D. Moel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

914-738-8400 x570

CR2E040 (800)