

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 750.00

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 JAN -2 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000010669**

1. Corporation Name
MAJORS MEDICAL SUPPLY, INC.

Principal Place of Business 2600 NORTH MILITARY TRAIL SUITE 390 BOCA RATON FL 33431 US	Mailing Address 2600 NORTH MILITARY TRAIL SUITE 390 BOCA RATON FL 33431 US
--	--



REINSTATEMENT 91

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

2. New Principal Office Address, If Applicable 201 S. Biscayne Blvd. Suite, Apt. #, etc. 2400 Miami Center City & State Miami, FL Zip 33131 Country USA	3. New Mailing Office Address, If Applicable 201 S. Biscayne Blvd. Suite, Apt. #, etc. 2400 Miami Center City & State Miami, FL Zip 33131 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/09/1992
5. FEI Number 65-0378593		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	PHILLIPS, JOANNE	2600 N MILITARY TRAIL	BOCA RATON FL
	Receiver Linda L. Carroll	201 So. Biscayne Blvd. 2400 Miami Center	Miami, FL 33131
			200002393292--2 -01/07/98--01105--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent PHILLIPS, STUART 2600 N MILITARY TRAIL SUITE 270 BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Linda L. Carroll, RECEIVER Street Address (P.O. Box Number is Not Acceptable) 201 So. Biscayne Blvd. Suite, Apt. #, Etc. 2400 Miami Center City Miami State FL Zip Code 33131
---	--

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: *Linda L. Carroll* REGISTERED AGENT MUST SIGN Date: **11/23/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)

12. 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)(j), 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: *Linda L. Carroll* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11/23/97** Daytime Phone #

C-22E040 (8/97)