

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000063927

1. Corporation Name

T C Medical Supplies, Inc.

Principal Place of Business

Mailing Address

2620 Cayanne Avenue
Cooper City, FL 33026

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

2. New Principal Office Address, If Applicable

501 S Lincoln Avenue

Suite, Apt. #, etc.

Suite 23

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

3. New Mailing Office Address, If Applicable

501 S Lincoln Avenue

Suite, Apt. #, etc.

Suite 23

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/93

5. FEI Number

65-0435681

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P/S	Janet Robson	501 S Lincoln Avenue Suite 23	Clearwater, FL 33756
			300002327313--6 -10/22/97--D1085--009 ***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Todd Watson
2620 Cayanne Avenue
Cooper City, FL 33026

9. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper, As Agent

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/97

Date

Daytime Phone #

FILED

97 OCT 20 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

CR2E040 (12/96)