PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 27 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006864

1. Corporation Name

K-MED ENTERPRISES, INC.

Principal Place of Business / Mailing Address

174 LOST BRIDGE DRIVE
PALM BEACH GARDENS, FL 33410-4473

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

REINSTATEMENT 1995 1996
mwb
11-27-96
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
174 LOST BRIDGE DRIVE
Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS
Zip: FL Country: USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip: 33410 Country:

4. Date Incorporated or Qualified To Do Business in Florida: May 2 1994

5. FEI Number: 65-0475226 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	TODD M. KEISER	174 LOST BRIDGE DRIVE	PALM BEACH GARDENS, FL 33410

000002018020--4
-12/03/96--01115--003
****575.00 ****575.00

8. Name and Address of Current Registered Agent

TODD KEISER
174 LOST BRIDGE DRIVE
PALM BEACH GARDENS, FL 33410

9. Name and Address of New Registered Agent

Name: TODD M. KEISER
Street Address (P.O. Box Number is Not Acceptable): 174 LOST BRIDGE DRIVE
Suite, Apt. #, Etc.
City: PALM BEACH GARDENS State: FL Zip Code: 33410

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: Todd M. Keiser Date: 11-25-96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 owing by the corporation have been paid. 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: Todd Keiser TODD KEISER 11-25-96 561-775-3475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)