

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 23 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022844**

1. Corporation Name

CULLEN MEDICAL SUPPLIES, INC

2. Principal Office Address

4500 N HIATUS ROAD

Suite, Apt. #, etc.

211

City & State

SUNRISE

Zip

33351

Country

US

3. Mailing Office Address

4500 N HIATUS RD

Suite, Apt. #, etc.

211

City & State

SUNRISE

Zip

33351

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/94

SP

5. FEI Number

65-0472517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. McCORMICK JR

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

4500 N HIATUS ROAD

Suite, Apt. #, Etc.

211

City

SUNRISE

State

FL

Zip Code

33351

000003187740-0

03/23/00-01007-017

******908.75 ****908.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent **William C. McCormick**

REGISTERED AGENT MUST SIGN

Date **3-17-00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILLIAM C. McCORMICK	4500 N HIATUS RD #211	SUNRISE, FL 33351

10. 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: **William C. McCormick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

954747-7477

Daytime Phone #