

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000046435

**1. Corporation Name**

Healthcare Distributors, Inc.

**REINSTATEMENT**

96-00

**2. Principal Office Address**

2220 S. Ocean Blvd.

**3. Mailing Office Address**

~~XXXXXX~~ 2220 S. Ocean Blvd.

Suite, Apt. #, etc.

#702

Suite, Apt. #, etc.

~~XXXXXX~~ #702

City & State

Delray Beach, FL

City & State

~~XXXXXX~~ Delray Beach FL

Zip

33483

Country

USA

Zip

~~XXXX~~ 33483

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-17-1994

**5. FEI Number**

65-0504616

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

James A. Ballerano, Jr.

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

1201 George Bush Blvd.

Suite, Apt. #, Etc.

City

Delray Beach

400003398634-6

-09/20/00--01002--016

\*\*\*\*758.75 \*\*\*\*758.75

400003398634-6

-09/20/00--01002--017

\*\*\*\*600.00 \*\*\*\*600.00

State

FL

Zip Code

33483

**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

REGISTERED AGENT MUST SIGN

Date 08/31/00

**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
D	Michael S. Ament	2220 S. Ocean Blvd., #702	Delray Beach, FL 33483

**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:**

*Michael S. Ament*

Michael S. Ament

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/00

Date

561-243-3025

Daytime Phone #

CR2E081 (9/99)