

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 27 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p94000046435

1. Corporation Name

Healthcare Distributors, inc.

REINSTATEMENT 06-08
2/2/28
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

624 royal plaza drive

Suite, Apt. #, etc.

City & State

fort lauderdale florida

Zip

33301

Country

usa

3. Mailing Office Address

624 royal plaza drive

Suite, Apt. #, etc.

City & State

fort lauderdale florida

Zip

33301

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1994

5. FEI Number

650504616

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

michael s ament

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

624 royal plaza drive

Suite, Apt. #, Etc.

City

fort lauderdale

State

FL

Zip Code

33301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael S. Ament
REGISTERED AGENT MUST SIGN

Date

2/25/08

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
pres	michael s ament	624 royal plaza drive	fort lauderdale florida

500118924405
02/27/08--01023--012 **450.00

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 contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/08 9548162585
954016 2585

Daytime Phone #