P940000 82528

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE

CORPORATION REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 82528

1. Corporation Name

M.D. Medical Supplies, Inc.

2. Principal Office Address	**3. Mailing Office Address**	
4652 NW 1st		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
	Same	**4. Date Incorporated or Qualified To Do Business in Florida** 1/4/94
City & State	City & State	**5. FEI Number** 650531064 / Applied For / Not Applicable
Plantation		
Zip 33317	Country Broward	Zip / Country	**6.** CERTIFICATE OF STATUS DESIRED ☑ / **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Sonia Duncan Marryshow

Street Address (P.O. Box Number is Not Acceptable): 4652 NW 1st Street P

Suite, Apt. #, Etc.

City: Plantation | State FL | Zip Code 33317

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: _Sonia D_____ Date _____

REGISTERED AGENT MUST SIGN

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
P	Sonia Duncan	4652 NW 1st	Plantation 33317
V	Neil Duncan	4652 NW 1st	Plantation 33317
			300003344543---5
			-08/03/00--01002--003
			***1443.75 ***1358.75

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: _Sonia_____ Date 8/2/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (9/99)

8/2/00