

P94000082528

CORPORATION
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
AUG -2 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082528-3

1. Corporation Name

M. D. Medical Supplies, Inc.

2. Principal Office Address

4652 NW 1st

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Plantation

City & State

Zip

33317

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/94

5. FEI Number

650531064

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

Sonia Duncan. MARRY Show

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

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***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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/2/2000

Daytime Phone #

APR 8/2/00

CR2E081 (9/99)

Tracking #: 300003344543



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