

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

03 MAR -4 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

794000082528

1. Corporation Name

Martyslaw Duncan Medical Supply

2. Principal Office Address

2221 NW 4th Ave

Suite, Apt. #, etc.

NA

City & State

Sunn'se FL

Zip 33313

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

NA

City & State

NA

Zip

NA

Country

NA

4. Data Incorporated or Qualified  
To Do Business in Florida

11/3/94

5. FEI Number

US0531064

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

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

4652 NW 1st St.

Suite, Apt. #, Etc.

Pvt. Residence

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

X Sonia Duncan

REGISTERED AGENT MUST SIGN

Date X 2/21/03

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

| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|---------|--------------------------------------|---|---------------------|
| Pres.   | Neil Duncan                          | 4652 NW 1st Street                                | Plantation FL 33317 |
| V.Pres. | Sonia Duncan                         | 4652 NW 1st Street                                | Plantation FL 33317 |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |

990013990719  
03/12/03--01043--023 \*\*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 under section 119.07(3)(l), 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:

X Sonia Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 2/21/03

Daytime Phone #

attachment

2/22

February 21, 2003

Please know that I never received the form needed for renewing and maintaining the corporation active. I received it until I moved in 2000. There after I did not receive it. Please reinstate my corporation. I add here \$450.00 (three years times \$150.00).

Sincerely,

A handwritten signature in cursive script, appearing to read "Sonia Duncan", followed by a horizontal line.

Sonia Duncan