

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

01 APR 30 AM 10:37

DOCUMENT # **941000086014**

1. Corporation Name

**ALL FLORIDA MEDICAL SUPPLIES, INC.**

140 N.E. 4<sup>TH</sup> AVE. SUITE A

DELRAY BEACH, FL 33483

2. Principal Office Address

**140 N.E. 4<sup>TH</sup> AVE**

Suite, Apt. #, etc.

**A**

City & State

**Delray Bch. FL**

Zip

**U.S.A. - U.S.A.**

Country

**U.S.A.**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

**33483**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**NOV. 28, 1994**

5. FEI Number

**650536636**

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

**William C. Martini**

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

**605 N.W. 7 Street**

Suite, Apt. #, Etc.

City

**Delray Beach**

State

**FL**

Zip Code

**33444**

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

**William C. Martini**

REGISTERED AGENT MUST SIGN

Date **3/23/11**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprof 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. William C. Martini Jr. 605 N.W. 7 St.**

**Delray Bch. FL 33444**

**N/A**

**10/5/10**

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:

**William C. Martini**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/23/11**

Daytime Phone #

**561-272-0207**

CR2E081 (9/00)



# All Florida Medical Supplies, Inc.

140 N.E. 4th. AVE.  
(561) 272-0207

Delray Beach, Florida 33483  
Fax (561) 272-6164

To Whom it may concern,

We have not received a renewal for reinstatement in several years. The address that you have on file was a mail depot which is no longer in business. Any correspondence should be sent direct to our office.

140 N.E. 4<sup>TH</sup> AVENUE  
DELRAY BCH, FL SUITE A  
33483

Please void any late charges that relate to our renewal.

Thank you,

Bill Martini

Bill Martini

561-272-0207