

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 31 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400001998314--3
-11/07/96--01005--014
***383.75 ***383.75



REINSTATEMENT 96

DOCUMENT # P95000005100

1. Corporation Name

INTERNATIONAL HEALTHCARE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

401 SOUTH LINCOLN AVENUE
SUITE B
CLEARWATER FL 34616

401 SOUTH LINCOLN AVENUE
SUITE B
CLEARWATER FL 34616

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3292506

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAUGHLIN, OWEN	401 SOUTH LINCOLN AVENUE	CLEARWATER FL 34616
D	MONTE, ROBERT	401 SOUTH LINCOLN AVENUE	CLEARWATER FL 34616
D	BLACKMAN, IRV.	3830 W. ESTES	LINCOLNWOOD IL 60645
XX	XXX ROGER XXX	XXXXXX XXXXX	XXXXXX XXXXX DELETE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTE, ROBERT
L & M GROUP, LC
401 S. LINCOLN AVE., SUITE B
CLEARWATER FL 34616

Name
same
Street Address (P.O. Box Number is Not Acceptable)
same
Suite, Apt. #, Etc.
same
City
same
State
FL
Zip Code
same

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/96 (813) 449-2243