

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 JUN 26 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 095000039509

1. Corporation Name

Florida State Home Medical Equip Inc.

Principal Place of Business

Mailing Address

1800 Northgate Blvd A 6  
Sarasota, Fla 34234

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

1800 Northgate Blvd

1800 Northgate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A 6

A 6

City & State

City & State

Sarasota

Sarasota, Fla

Zip

Country

Zip

Country

34234

Sarasota

34234

Sarasota

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-0581424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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
owner	Michael Forrester	1231 Derby Lane S	Sarasota, Fla 34234

100002227551--4  
-07/01/97--01045--014  
\*\*\*915.00 \*\*\*915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael Forrester  
1231 Derby Lane S  
Sarasota, Fla 34234

Name Michael Forrester (Same)  
Street Address (P.O. Box Number is Not Acceptable)  
1231 Derby Lane S  
Suite, Apt. #, Etc. A 6  
City Sarasota  
State FL Zip Code 34234

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 Michael Forrester  
REGISTERED AGENT MUST SIGN

Date 6/24/97

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)(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: Michael Forrester MICHAEL FORRESTER

Date 6/24/97 941/357/4440  
Daytime Phone #

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\*\*\*\*\$15.00 \*\*\*\*\$15.00

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Sarasota, Fla 34234

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Sarasota

FL

34234

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Registered Agent

Michael Forrester

REGISTERED AGENT MUST SIGN

Date

6/24/97

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SIGNATURE:

Michael Forrester MICHAEL FORRESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/97 941/351/4440

Daytime Phone #

CR2000 (12/96)