

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -8 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000053323**

1. Corporation Name

AC&W HOME MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

~~21610 FRONTENAC COURT~~
~~BOCA RATON FL 33433~~

~~21610 FRONTENAC COURT~~
~~BOCA RATON FL 33433~~



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

2. New Principal Office Address, If Applicable

1525 S. ANDREWS AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1525 S. ANDREWS AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1995

5. FEI Number

65-0631814

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

FT. LAUDERDALE FL

Zip **33316** Country **FLORIDA**

City & State

FT. LAUDERDALE FL

Zip **33316** Country **FLORIDA**

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	4. City / State / Zip
D	BRYAN, GLENFORD	21610 FRONTENAC COURT	BOCA RATON FL 33433

7000003050667--2
-11/22/99--01029--020
****750.00 ****750.00

REINSTATEMENT **99** **1 TS**

8. Name and Address of Current Registered Agent

GLENFORD, BRYAN
21610 FRONTENAC COURT
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Glenford Bryan
REGISTERED AGENT MUST SIGN

Date **10-1-99**

11. 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:

Glenford Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4 99 . 954.527.4533

Date

Daytime Phone #

CR2E040 (8/95)