

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 OCT 19 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055752

1. Corporation Name

JLG MEDICAL, INC.

Principal Place of Business

1408 N WESTSHORE
SUITE 908
TAMPA FL 33607
US

Mailing Address

P.O. BOX 25104
TAMPA FL 33622
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1995

5. FEI Number

59-3355182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 - A fee of \$375 is 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	4 City / State / Zip
VP	ENRIQUEZ, MARIA	1408 N WESTSHORE BLVD, #908	TAMPA FL 33607 <i>delete</i>
P	GAY, GISELE M	1408 N WESTSHORE BLVD, #909	TAMPA FL 33607
S	GAY, JEFFORY L	1408 N WESTSHORE BLVD, #906	TAMPA FL 33607 <i>delete</i>
S	Phil Williams	1408 N Westshore Blvd ⁹⁰⁸	Tampa, FL 33607 300003039763--S -11/09/99--01063--010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAY, GISELE M
1408 N WESTSHORE BLVD
SUITE 908
TAMPA FL 33607

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

Gisele M. Gay
REGISTERED AGENT MUST SIGN

Date 10-12-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-99

CS025040 (05/99)