

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUL -5 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **095050056014**

1. Corporation Name

CCC Duramed, Inc.

Principal Place of Business

3801 PGA Blvd

Suite 902

Palm Beach Gardens, FL 33410

Mailing Address

10 Dorrance St.

Suite 400

Providence RI 02903

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

7/18/95

5. FEI Number

65-0603948

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
Dir, CEO + Pres.	Michael T. Heffernan	10 Dorrance Street Suite 400	Providence RI 02903
CFO, Treas. + Secy	Gary S. Gillheaney	10 Dorrance Street Suite 400	Providence RI 02903

3000003339413-8
-07/28/00--01060--003
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

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

Lauren H. Kreatz

LAUREN H. KREATZ,
REGISTERED AGENT, ASSISTANT SECRETARY

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

KE

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:

Gary S. Gillheaney
Gary S. Gillheaney

6/26/00
Date

401
831-6755
Daytime Phone #