

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

1996 OCT 24 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000095193**

1. Corporation Name

NATIONAL MEDSOURCE INC.

1996 Annual Report

Principal Place of Business

Mailing Address

19790 SW 134 COURT
MIAMI FL 33177

19790 SW 134 COURT
MIAMI FL 33177

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

12/13/1995

5. FEI Number

65-0657863

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
F	ROCK, LESTER A	19790 SW 134 COURT	MIAMI FL 33177

300001990993-31
-10/30/96--01096--026
****225.00 ****225.00
KSP
10/28/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROCK, LESTER A
19790 SW 134 COURT
MIAMI FL 33177

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

REGISTERED AGENT MUST SIGN

Date 9/30/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/96 (305) 826-8555

CR2040 (7/96)

Page 2083

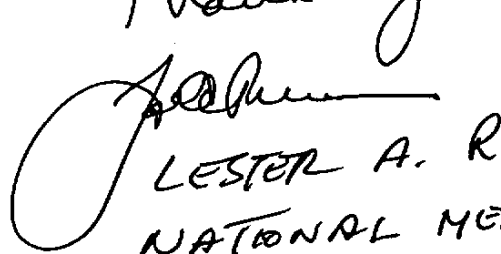
9/30/96

Fl Sec of State

I mailed in 3 corporations on the
same date: National Medsource, Inc.
Tiffan International, Inc.
Palm Club Embroidery, Inc.

I received a letter of dissolution for
National Medsource of which I mailed
at the same time. I am enclosing a
copy of the check register and a new
check for \$225⁰⁰. Please restate.

Thank You

 President
LESTER A. ROCK
NATIONAL MEDSOURCE, INC
19790 SW 134 CT.
MIAMI, FL 33177

1007 6/10 19

BAL. BRO'T FORD

TO _____

FOR _____

DEPOSITS

TOTAL

THIS CHECK 225 -

OTHER TRANS. +/-

TAX DEDUCTIBLE ☐

BALANCE

1008 6/19 19

TO _____

FOR _____

DEPOSITS

TOTAL

THIS CHECK - 36

OTHER TRANS. +/-

TAX DEDUCTIBLE ☐

BALANCE

1009 7/10 19

TO _____

FOR _____

DEPOSITS

TOTAL

THIS CHECK 3.50 -

OTHER TRANS. +/-

TAX DEDUCTIBLE ☐

BALANCE

1009