

APPLICATION  
FOR  
REINSTATEMENT

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



FILED

01 FEB 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000015225

1. Corporation Name

PHYSICIAN DIRECT SALES, INC.

Principal Place of Business

Mailing Address

26133 US HWY 19N STE 107  
CLEARWATER FL 33763  
US

26133 US HWY 19 STE 107  
CLEARWATER FL 33763  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206B Celebration Blvd  
Celebration, FL

206B Celebration Blvd  
Celebration, FL

5. FEI Number

59-3369379

Applied For

Not Applicable

Zip

Country

Zip

Country

34747 USA

34747 USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SINENO, JOSEPH JR.	9964 MULLENHURST DR 206 Celebration Blvd.	PALM HARBOR FL Celebration, FL
VP	SINENO, KATHLEEN	9964 MULLENHURST DR 206 Celebration Blvd.	PALM HARBOR FL Celebration, FL

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\*\*\*\*300.00 \*\*\*\*360.00

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINERO, JOSEPH JR.  
28471 US HWY 19 N., #517  
CLEARWATER FL 33761

Name

Kathleen Sineno

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

206B Celebration Blvd.

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-20-01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-01 727-473-8408

CR2E040 (8/00)

*PAGE 2 of 2*

**GERALD L. BIRCH, CPA, PA**

CERTIFIED PUBLIC ACCOUNTANT & CONSULTANT

2805 WEST BUSCH BOULEVARD  
SUITE 208  
TAMPA, FLORIDA 33618

January 15, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Physicians Direct Sales, Inc.  
Doc # P96000015225

To whom this may concern,

The above referenced Corporation relocated from Tampa to Orlando late in the year 1999. The officers of the corporation did not receive the Corporate Annual Report for the year 2000 and were unaware that the corporation was being dissolved.

The failure to file the Corporate Annual Report timely was unintentional and the officers of the corporation respectfully request the renewal fee of \$150.00 be sufficient to reinstate the corporation to active status.

Thank you for your understanding and attention to this matter.

Sincerely,



Gerald L. Birch, CPA

