

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 20 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090165

1. Corporation Name

PSS WORLD MEDICAL, INC.

Principal Place of Business

7800 BELFORT PARKWAY
SUITE-250
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY
SUITE-250
JACKSONVILLE FL 32256

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

10/28/1996

Suite, Apt. #, etc.

4345 Southpoint Blvd.

Suite, Apt. #, etc.

4345 Southpoint Blvd

City & State

Jacksonville FL

City & State

Jacksonville, FL 32216

Zip

32216

Country

USA

Zip

32216

Country

USA

5. FEI Number

☒ 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
D	KELLY, PATRICK	7800 BELFORT PARKWAY, SUITE 250 4345 Southpoint Blvd.	JACKSONVILLE FL 32256 32216
D	ELEFANT, FRED	1650 PRUDENTIAL DRIVE, SUITE 105	JACKSONVILLE FL 32207

680002467116-0
-03/24/98--01097--024
***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

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

Fred Elephant
REGISTERED AGENT MUST SIGN

Date 3/9/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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

3-20-98
Date

Daytime Phone #