

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 JUN 21 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081589

1. Corporation Name

ARVO MEDICAL SUPPLIES, INC.

2. Principal Office Address

2620 NE 188 Street

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL.

Zip

33180

Country

U.S.A.

3. Mailing Office Address

2620 NE 188 Street

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL.

Zip

33180

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0787455

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK STEPHENS

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

2620 NE 188 STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark Stephens
REGISTERED AGENT MUST SIGN

Date

6/19/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARK STEPHENS	2620 NE 188 STREET	N. MIAMI BEACH, FL. 33180
VP	SANDRA LEE STEPHENS	2620 NE 188 STREET	N. MIAMI BEACH, FL. 33180

REINSTATEMENT 78-01

10. 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:

Mark Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/19/2001

Daytime Phone #

305 682 7894

CR2ED81 (9/00)