

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 23 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088811

1. Corporation Name

Physicians One Stop National Purchasing  
Group, Inc.

Principal Place of Business

Mailing Address

Deerfield Beach, FL

800-Fairway-Drive-#290  
Deerfield-Beach,--FL

33427

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

455 Fairway Dr.,

Suite, Apt. #, etc.

#300

City & State

Deerfield Bch., FL

Zip

33441

Country

Broward

3. New Mailing Office Address, If Applicable

P.O. Box 2368

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33427-2368

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/97

5. FEI Number

65-0789177

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	Villari, David J.	455 Fairway Dr., #300	Deerfield Bch, FL 33441

8. Name and Address of Current Registered Agent

David J. Villari  
455 Fairway Drive., #300  
Deerfield Bch., FL 33441

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

Date 12/22/99

11. This corporation has Intangible Personal Property

☐ 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

David J. Villari

S. PAYNE DEC 27 1999

12-22-99-954-429-1611