PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
00 FEB -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100385

1. Corporation Name
MEDICAL SUPPLIES & MORE, INC.

Principal Place of Business
3333 N. ATLANTIC BLVD
UNIT 35
POMPANO BEACH, FL 33069

Mailing Address
← SAME

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

2. New Principal Office Address, If Applicable
508 S. MILITARY TRAIL
Suite, Apt. #, etc
City & State
DEERFIELD BEACH, FL
Zip
33442
Country

3. New Mailing Office Address, If Applicable
508 S. MILITARY TRAIL
Suite, Apt. #, etc
City & State
DEERFIELD BEACH, FL
Zip
33442
Country

4. Date Incorporated or Qualified To Do Business in Florida
11-25-1997

5. FEI Number
65-0798539
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
P	DR. AGHA, TARIQ	508 S. MILITARY TRAIL	DEERFIELD BEACH, FL 33442

400003142354--0
-02/22/00--01008--011
****908.75 ****908.75

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

0

9. Name and Address of New Registered Agent

Name: TARIQ AGHA
Street Address (P.O. Box Number is Not Acceptable): 508 S. MILITARY TRAIL
Suite, Apt. #, Etc.:
City: DEERFIELD BEACH
State: FL
Zip Code: 33442

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: _____
REGISTERED AGENT MUST SIGN

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)(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: _____ 2/2/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone