

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002442

1. Corporation Name

PALMER MEDICAL SUPPLIES, INC.

Principal Place of Business

1607 LISENBY AVE
SUITE E
PANAMA CITY FL 32401

Mailing Address

PO BOX 15326
PANAMA CITY FL 32406

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

2. New Principal Office Address, If Applicable

1346 W. 15th St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P WILSON, SANDY

1607 LISENBY AVE SUITE E

PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent

LAPEER, RUSSELL W
445 N.E. 8TH AVENUE
OCALA FL 34470

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. or 617.0505, F.S.

Signature of
Registered Agent

Russell W. LaPee

REGISTERED AGENT MUST SIGN

Date

10/13/03

CR2E040 (7/03)

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)(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:

SANDY W. LaPee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/03

*850
784-0070*

Date

Daytime Phone #