

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 NOV 30 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040368

1. Corporation Name

EZ MEDICAL SUPPLY INC.

Principal Place of Business

1470 PARADISE CT.
MERRITT ISLAND FL 32952

Mailing Address

1470 PARADISE CT.
MERRITT ISLAND FL 32952

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

5. FEI Number

59-3511299

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DAHIN, LESTER III	1470 PARADISE CT.	MERRITT ISLAND FL 32952
D	DAHIN, JUDITH A	1470 PARADISE CT.	MERRITT ISLAND FL 32952

400003070634--1
-12/15/99--01024--013
***150.00 ***150.00

8. Name and Address of Current Registered Agent

DAHIN, JUDITH A
1470 PARADISE CT.
MERRITT ISLAND FL 32952

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

Judith A. Dahin
REGISTERED AGENT MUST SIGN

Date 11/10/99

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)(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:

Judith A. Dahin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/99

Daytime Phone #

KE

2

November 23, 1999

State of Florida
Div of Incorp.
PO Bx 6327
Tallahassee, FL 32314-6327

EZ Medical Supply Inc.
1470 Paradise Ct
Merritt Island, FL 32952-5560

RE: Florida Corporation Document # P98000040368
REINSTATEMENT

Gentleman,

There has been much confusion this year in regard to recording anything to this corporation WITH THE STATE OF FLORIDA.

My last conversation after receiving the second notice and the state cannot find receipt nor was the check cashed. I was instructed to send another check in the amount of \$150.00 and to include a letter with the reinstatement application. Letter was to request the waiver of the Reinstatement fee.

If you look on this file you will see. There has been a lot of incorrect postings to this account since 1/1/99.

To assure this transaction has been completed and all is in order please take the time to call me and confirm that this indeed has transpired and all is well, then we can finish the Turkey left overs and go on happily to a MERRY CHRISTMAS.

Thanks,


Judith A Dahlin

Enc. Form Application for Reinstatement
Check #1269 \$150.00
Certified # 2275 277001