

APPLICATION
FOR
REINSTATEMENT



FILED

99 NOV 29 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062490

1. Corporation Name

SURMED INC.

Principal Place of Business

Mailing Address

850 N. FEDERAL HWY.
POMPANO BEACH FL 33062

950 N. FEDERAL HWY.
POMPANO BEACH FL 33062

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

2 New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33062

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/06/1998

5. FEI Number

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHUR, DANIEL C	8339 N.W. 68TH WAY	PARKLAND FL 33067
D	SCHUR, JOYCE T	8339 N.W. 68TH WAY	PARKLAND FL 33067
<p style="text-align: center;">REINSTATEMENT 99:1 TS</p> <p style="text-align: right;">800003068528--5 -12/13/99--01136--011 ****758.75 ****758.75</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUR, J.T.
950 N. FEDERAL HWY.
POMPANO BEACH FL 33062

Name J. T. SCHYR
Street Address (P.O. Box Number is Not Acceptable)
950 N. FEDERAL HWY
Suite, Apt. # Etc.
100
City POMPAUN BEACH State FL Zip Code 33062

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

REGISTERED AGENT MUST SIGN

Date 11/1/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(954) 943-8211