

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR -2 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106371

1. Corporation Name

MEDI-SOUTH PRODUCTS, INC.

Principal Place of Business

Mailing Address

~~1000 NW 33~~
~~CORAL SPRINGS FL 33065~~

~~1000 NW 33~~
~~CORAL SPRINGS FL 33065~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4110 NE 3 AVENUE

4110 NE 3 AVENUE

City & State

City & State

Pompano Beach FL

Pompano Beach FL

Zip

Country

Zip

Country

33064 U.S.

33064 U.S.

5. FEI Number EIN

Applied For

Not Applicable

65-0965435

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 3	City / State / Zip 4
P	John W Gray	140 Boxwood circle	Hamburg N.Y. 14075
V	Jeannine Hulet	4110 N.E. 3 Ave.	Pompano Beach FL 33064
			7000003169537--5 -03/14/00--01108--014 ****900.00 ****900.00
			REINSTATEMENT 99-00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, JACQUELINE

1000 NW 33

CORAL SPRINGS FL 33065

Name

Jeannine Hulet

Street Address (P.O. Box Number is Not Acceptable)

4110 N.E. 3 AVENUE

Suite, Apt. #, Etc.

Pompano Beach

City

State

Zip Code

FL

36 33064

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

Jeannine Hulet SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2-14-00

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:

John W Gray SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

716 648 4878

Daytime Phone #

CR2E/M40 (8/99)