

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/17/02--01056--013
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DOCUMENT # **V19427**

1. Corporation Name

**WESTERN MEDICAL SUPPLIES AND EQUIPMENT,
INC.**

2. Principal Office Address

13191 STARKEY RD.

Suite, Apt. #, etc.

SUITE 4

City & State

LARGO FL

Zip

33773

Country

USA

3. Mailing Office Address

13191 STARKEY RD.

Suite, Apt. #, etc.

SUITE 4

City & State

LARGO, FL

Zip

33773

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/05/92

5. FEI Number

59-3111792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLOYD W. SEIBERT

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

13191 Starkey Road

Suite, Apt. #, Etc.

Suite 4

City

Largo

State

FL

Zip Code

33773

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

FLOYD W. SEIBERT
REGISTERED AGENT MUST SIGN

Date

7-3-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ADMIN.	FLOYD W. SEIBERT	13191 STARKEY RD. #4	LARGO, FL 33773

10. 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:

FLOYD W. SEIBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-3-02

Daytime Phone #

7/16/02

LEKTRO-TECH INCORPORATED
4302 Henderson Boulevard
Tampa, Florida 33629

July 10, 2002

Secretary of State
Attn: Reinstatement Department
409 East Gaines Street
Tallahassee, Florida 32399

RE: Lektro-Tech Incorporated
Document # S67515

Dear Sir/Madam:


Enclosed please find our 2001 Uniform Business Report and check number 15710 in the amount of \$300.00 which represents the filing fee for 2001 and 2002.

We are asking that you kindly waive the additional \$600.00 fee that is due since we never received the 2001 Uniform Business Report.

Please file at your earliest convenience and if you have any questions please contact the undersigned at (813) 254-1380

Sincerely, --

LEKTRO-TECH INCORPORATED


Nellye I. Friedman

NIF/psb

Enclosures