

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V31910**

1. Corporation Name

SUN MEDICAL SUPPLY, INC.

Principal Place of Business

**411 BARCLAY AVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**411 BARCLAY AVE
ALTAMONTE SPRINGS FL 32701**

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

04/24/1992

5. FEI Number

59-3120480

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$375 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
VP	HOEBING, ROBERT J	411 BARCLAY AVE	ORLANDO FL 32711
PST	SHEETZ, DANNY	7135-237 YACHT BASIN AVE	ORLANDO FL 32835

**300005072209--0
-03/08/02--01011--026
****900.00 ****900.00**

[Handwritten signature]

8. Name and Address of Current Registered Agent

**MAGEE, JAMES M
226 HILLCREST STREET
ORLANDO FL 32801**

9. Name and Address of New Registered Agent

Name **Robert J. Hoebing**
Street Address (P.O. Box Number is Not Acceptable)
411 BARCLAY AVE
Suite, Apt. #, Etc.
City **Altamonte Springs** State **FL** Zip Code **32701**

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 **2-20-02**

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 #

Robert J. Hoebing

2-20-02

907-767-0915

CR2040 (8/01)