

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V37507

1. Corporation Name

AMERICAN MEDICAL & SAFETY, INC.

Principal Place of Business

15540 CEDAR BLUFF PLACE
WEST PALM BEACH FL 33414
US

Mailing Address

15540 CEDAR BLUFF PLACE
WEST PALM BEACH FL 33414
US

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1992

5. FEI Number

65-0337427

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STAVIS, STEVEN	15540 CEDAR BLUFF PLACE	WELLINGTON FL
D	STAVIS, KAREN	15540 CEDAR BLUFF PLACE	WELLINGTON FL

3000003496363--4
-12/12/00--01019--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

STAVIS, KAREN
15540 CEDAR BLUFF PLACE
WELLINGTON FL 33414

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

Karen Stavis

Date

11/24/00

REGISTERED AGENT MUST SIGN

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:

Karen Stavis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Stavis

Date

Daytime Phone #

KE

FILED

00 NOV 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)