PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 24 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DOCUMENT # V49732

1. Corporation Name
Med-Surge Discounters, Inc.

Principal Place of Business
2901 Clint Moore Rd.
Suite 131
Boca Raton, FL 33496

Mailing Address
2901 Clint Moore Rd
Suite 131
Boca Raton, FL 33496

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
2901 Clint Moore Rd
Suite 131
Boca Raton, FL
Zip 33496 County USA

3. New Mailing Address, if Applicable
2901 Clint Moore Rd
Suite 131
Boca Raton, FL
Zip 33496 County USA

4. Date Incorporated or Qualified to Do Business in Florida: July 8, 1992

5. FEI Number: 65-0406608
Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City / State / Zip
P	Jodi Sporn	2901 Clint Moore Rd,	#131, Boca Raton, Florida 33496

JS 2-24-9

8. Name and Address of Current Registered Agent

Jodi Sporn
2901 Clint Moore Road, Suite 131
Boca Raton, FL 33496

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip
City 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: Jodi Sporn
REGISTERED AGENT MUST SIGN
Date 2/21/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information stated with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 119.07(3)(i), Florida Statutes. I hereby release the Division of Corporations from any liability of nondisclosure under Section 119.07(3)(i) to the extent that the information stated is deemed exempt from public access. I certify that I am an officer or director or the registered or licensed employee to execute the declaration 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 corrected, the annual or biennial reports for reinstatement or revival (607.0122) or (617.0122), F.S., and that all fees owed by the corporation have been paid. The information contained in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jodi Sporn 2/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #

POOR ORIGINAL

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