PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT -7 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70588

1. Corporation Name SURGICAL SUPPLY, INC.

Principal Place of Business: PALM BEACH CO. FLORIDA

Mailing Address: 2501 BRISTOL DR. SUITE B-12
WEST PALM BEACH,
FLORIDA 33409

REINSTATEMENT 94-99(1)

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

2. New Principal Office Address, If Applicable: 2501 BRISTOL DRIVE
Suite, Apt. #, etc: SUITE B-12
City & State: WEST PALM BEACH, FLORIDA
Zip: 33409 Country: U.S.A.

3. New Mailing Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: OCTOBER 8, 1992

5. FEI Number: 65-0418251 Applied For / Not Applicat

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES. DIR.	SEIJA IIVANAINEN	2501 BRISTOL DRIVE	WEST PALM BEACH, FLORIDA 33409

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-10/14/99--01091--013
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent
MARTIN ANTILA
928 SO. FEDERAL HWY.
LAKE WORTH, FLORIDA 33460

9. Name and Address of New Registered Agent
Name: EARL R. BOYCE
Street Address (P.O. Box Number is Not Acceptable): 2501 BRISTOL DR.
Suite, Apt. #, Etc.: SUITE B-12
City: WEST PALM BEACH State: FL Zip Code: 33409

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: Earl R. Boyce
EARL R. BOYCE
REGISTERED AGENT MUST SIGN
Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 indica on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: Seija Iv
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SEIJA IIVANAINEN
Date
(561) 471-9878
Daytime Phone #