PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

02 NOV 12 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 344988

1. Corporation Name

MED-MOU, INC.

REINSTATEMENT 1997-2002

2. Principal Office Address	3. Mailing Office Address
10570 N.W. 27 Street	
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33172 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04-22-1969

5. FEI Number: 59-1352644 — 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: CARLOS A. TRIAY, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 10570 N.W. 27 Street

Suite, Apt. #, Etc.: #103

City: Miami State: FL Zip Code: 33172

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: [signature] Date: 11/8/02

REGISTERED AGENT MUST SIGN

CR3C061 (9/01)

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
D/P/T	Jose A. Medina	10570 NW 27 St. #103	Miami, FL 33172
D/VP/S	Dulce Medina De Diaz	10570 NW 27 St. #103	Miami, FL 33172

000089338B0
11/12/02--01048--028 **1500.00

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: X [signature]

SIGNATURE / TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02
Date

Daytime Phone #

Charter Number Only

VALIDATION ONLY

Carlos Tuay
Requestor's Name
10570 NW 27ST #103
Address
Miami, Fl 33172
City State ZIP Phone
(305)446-4988

CORPORATION(S) NAME

Med-Mov, Inc

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
02 NOV 12 AM 10:33
DIVISION OF CORPORATION

Empire Toll Free: 1-800-432-3028