

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN 19 AM 11:28

DOCUMENT #

L12857

1. Corporation Name

MEDCO INDUSTRIES, INC.

2. Principal Office Address

260A 100 Business Parkway

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

City & State

Zip

Country

Zip

Country

33411

USA

REINSTATEMENT 93-01

4. Date Incorporated or Qualified To Do Business in Florida

8-31-89

5. FEI Number

65-0145139

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

TRACY C. MEYER

Street Address (P.O. Box Number is Not Acceptable)

14984 Oatland Ct.

Suite, Apt. #, Etc.

100004447341--0

-06/27/01--01041--003

***1958.75 ***1958.75

City

WELLINGTON

State

FL

Zip Code

33414

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

Tracy C. Meyer
 REGISTERED AGENT MUST SIGN

Date 5-3-01

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
Pres.	Lawrence E. Meyer	14984 Oatland Ct.	Wellington FL 33414
Treas	Tracy C. Meyer	14984 Oatland Ct.	Wellington FL 33414

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:

Tracy C. Meyer Tracy C. Meyer

Date

5-3-01

Daytime Phone #

561-793-5055

CR2E081 (9/00)