

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

97 OCT 31 AM 8:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # L38997

1. Corporation Name  
 MD Union Corp.  
 2200 N.W. 93rd Ave  
 Miami, FL 33172

Principal Place of Business: 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431

Mailing Address: 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431

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

2. New Principal Office Address, If Applicable: Suite, Apt. #, etc. City & State Zip Country

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

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/89

5. FEI Number: 650164818 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Hunt, Robert J.	2200 Corporate Blvd., N.W. Suite 401	Boca Raton, FL 33431
V	Eder, Robert W.	2200 N.W. 93rd Ave.	Miami, FL 33172

8. Name and Address of Current Registered Agent: HCRM Corp. 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431

9. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: HCRM Corp. *Robert J. Hunt* Date: 10/23/97

REGISTERED AGENT MUST SIGN

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 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: *Robert J. Hunt* Pres Date: 10/23/97 (561) 997-9223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (1/2/96)