

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030428

1. Corporation Name

Medical Screenings Unlimited, Inc.

2. Principal Office Address

17706 Woodview Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/2/97

5. FEI Number

650743179

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

Nevine Nass

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

17706 Woodview Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

Nevine M. Nass

Date 2/13/06

REGISTERED AGENT MUST SIGN

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
P, D	Nevine Nass	17706 Woodview Terrace	Boca Raton, FL 33487

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 contained in Chapter 119, 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:

Nevine M. Nass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

Date

(561) 995-7883

Daytime Phone #

February 14, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement Application

Dear Sir/Madam:

Enclosed please find a Corporation Reinstatement for Medical Screenings Unlimited, Inc., together with a check in the amount of \$908.75 representing the annual report fees since the date of administrative dissolution and the fee for a Certificate of Status. Please note that to my best knowledge the Company did not receive a report notices in the year of dissolution and, accordingly request that the reinstatement fee be waived.

Please acknowledge receipt of this letter by returning a stamped copy of this letter in the enclosed self-addressed envelope. Should you have any questions, please contact the undersigned at (561) 995-7883.

Sincerely,



Nevine Nass
Medical Screenings Unlimited, Inc.