

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**S38747**

**FILED**  
 97 MAY 14 PM 1:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S38747**  
 1. Corporation Name  
**Medco, Inc**  
 To be changed to **Medco Financial, Inc**

Principal Place of Business Mailing Address  
**445 E. 25 St. Hialeah, FL 33013** **same**

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

2. New Principal Office Address, If Applicable <b>As above</b>	3. New Mailing Office Address, If Applicable <b>As above</b>	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0302528</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	MARLON Rodriguez	445 E 25 ST	Hialeah, FL 33013
VP	Frank Wise	445 E 25 ST	Hialeah, FL 33013
S/T	Bryan Miller	445 E 25 ST	Hialeah, FL 33013
			100002182981--6 -05/19/97--01098--004 ***1080.00 ***1080.00

8. Name and Address of Current Registered Agent <b>Bryan W. Miller, Jr. 10390 NW 135 St. Hialeah Odns, FL 33016</b>	9. Name and Address of New Registered Agent Name <b>Eleanor K. MASSING</b> Street Address (P.O. Box Number is Not Acceptable) <b>1580 SW 116 Ave</b> Suite, Apt. #, Etc. <b>Bldg 165</b> City <b>Pembroke Pines</b> State <b>FL</b> Zip Code <b>33025</b>
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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 **Eleanor K. Massing** Date **5/12/97**  
 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: **MARLON Rodriguez** Date **5/12/97** Daytime Phone # **(805) 691-7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)

*DLK*