

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538747

1. Corporation Name

Medco Financial, Inc.

2. Principal Office Address

11011 SW 11 Ct
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33025

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1991

5. FEJ Number

650302518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

10-13-03 01093 023 \$150.00

7. Name and Address of Current Registered Agent

Name

Eleanor K. Massing

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

11011 SW 11 Court

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

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

Eleanor K. Massing
REGISTERED AGENT MUST SIGN

Date

11/05/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bryan W. Miller	8991 NW 188 St	Miami, FL 33025
D	Georgine Miller	8991 NW 188 St	Miami, FL 33025
D	Frank Wise	445 E 25 St	Hialeah, FL 33013

REINSTATEMENT 03

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)(l), 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:

Bryan W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03
Date

305

829-2800
Daytime Phone #

CR2E081 (10/02)

MEDCO FINANCIAL, INC.

11011 SW 11 COURT
PENSACOLA PINES, FLORIDA 32023
(904) 382-6276

October 13, 2003

Florida Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

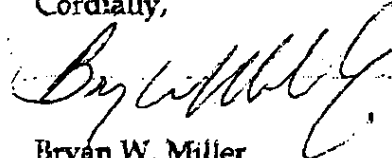
Re: Reinstatement of Medco Financial, Inc.
Doc. # S38747
FEI #: 650302518

To Whom It May Concern:

Please be advised that I did not receive the form from the state to file our Uniform Business Code this year. Please reinstate this corporation as soon as possible. I have enclosed a cashier's check in the amount of \$150.00 and a reinstatement form.

Thank you.

Cordially,



Bryan W. Miller
President