

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000047650**

1. Corporation Name

MEDICAL SOLUTIONS, INC.

Principal Place of Business

**941 HANOVER AVE.
WINTER PARK FL 32789-1733**

Mailing Address

**941 HANOVER AVE.
WINTER PARK FL 32789-1733**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

133 WOODLEAF DR

WINTER SPRINGS FL

32708 USA

Suite, Apt. #, etc.

133 WOODLEAF DR

WINTER SPRINGS FL

32708 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1993

5. FEI Number

59-3187449

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JARMAKOWICZ, EDWARD	941 HANOVER AVE. 133 WOODLEAF DRIVE	WINTER PARK FL WINTER SPRINGS, FL

800002060778--6
-01/16/97--01094--004
***400.00 ***400.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**JARMAKOWICZ, EDWARD A
941 HANOVER AVENUE
#102
WINTER PARK FL 32789**

9. Name and Address of New Registered Agent

Name

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

133 WOODLEAF DRIVE

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

Edward A Jarmakowicz
REGISTERED AGENT MUST SIGN

Date

12-30-96

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:

Edward A Jarmakowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-96
Date

Daytime Phone #

**(402)
718-6890**