

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 28 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000051798

1. Corporation Name

MEDATLANTIS, INC.

REINSTATEMENT 03-04

400027655724
01/27/04--01019--024 **900.00

2. Principal Office Address

3175 Fairways Drive

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip
33035

Country
U.S.A.

3. Mailing Office Address

3175 Fairways Drive

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip
33035

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5/09/2002

5. FEI Number

331007314

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 (NEW)

Name

Donna Bustamante

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

3175 Fairways Drive

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code
33035

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

Donna Bustamante
REGISTERED AGENT MUST SIGN

Date 01/23/04

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	Nurys Bustamante	3175 Fairways Drive	Homestead, FL 33035
V	Donna Bustamante	3175 Fairways Drive	Homestead, FL 33035

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)(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:

Nurys Bustamante NURYS BUSTAMANTE

1/23/2004

305-230-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)