

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F00000006669**

1. Corporation Name

MED-TEL INTERNATIONAL CORPORATION

Principal Place of Business

1430 SPRING HILL ROAD, SUITE 500
MCLEAN VA 22102

Mailing Address

1430 SPRING HILL ROAD, SUITE 500
MCLEAN VA 22102

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2000

5. FEI Number

54-1697546

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	COLEMAN, RONALD D	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102
SD	MCGILLAN, JAMES J	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102
V	PFARR, RICHARD C	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102
V	PLATENBERG, R. CRAIG M.D.	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102
VD	BURCH, CHRISTOPHER W	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102
V	KLEIN, ROBERT A	1430 SPRING HILL ROAD, SUITE 500	MCLEAN VA 22102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

300004690003--8

-11/20/01--01086--001

***750.00 ***750.00

State

Zip Code

FL

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

Deborah D. Skipper
REGISTERED AGENT MUST SIGN

Deborah D. Skipper
Asst. Secretary 10/26/01

11. 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:

Robert A. Klein
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01
Date

703 449 8800
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:18



REINSTATEMENT 01

CR2ED40 (8/01)