

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000000466

1. Corporation Name

Mednet Global Corporation

2. Principal Office Address - No P.O. Box #

4000 SE 82nd Ave.

Suite, Apt. #, etc.

Ste 1000-223

City & State

Portland, OR

Zip

97266

Country

USA

3. Mailing Office Address

4000 SE 82nd Ave.

Suite, Apt. #, etc.

Ste 1000-223

City & State

Portland, OR

Zip

97266

Country

USA

7. Name and Address of Current Registered Agent

Name

Gilner, Alan

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

1412 S. Riverside Dr.

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

Alan Gilner

REGISTERED AGENT MUST SIGN

Date 12/17/2009

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
PS	Gilner, Alan	1412 S. Riverside Dr.	New Smyrna Beach, FL 32168

10. E-mail Address: mednetglobal@aol.com

(To be used for future annual report notification)

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. I further certify 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:

Alan Gilner

Alan Gilner

12/17/2009 386-424-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300165748703
01/11/10--01051--013 **150.00

REINSTATEMENT 09

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

205377985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.