

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 11 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003857

1. Corporation Name

MEDIMETRIX GROUP, INC.

2. Principal Office Address

2424 NORTH FEDERAL HWY

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip
33431

Country

USA

3. Mailing Office Address

2424 NORTH FEDERAL HWY

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip
33431

Country

USA

REINSTATEMENT

98-06

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/1997

5. FEI Number

341483733

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

Name

JOSEPH M. DAVIS

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

6711 NORTH OCEAN BOULEVARD

Suite, Apt. #, Etc.

Unit 11

City

OCEAN RIDGE

State
FL

Zip Code

33435

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

REGISTERED AGENT MUST SIGN

Date 12/6/2006

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	JOSEPH M. DAVIS	6711 NORTH OCEAN BLVD, #11	OCEAN Ridge, FL 33435
S/V	MARILYN T. DAVIS	6711 NORTH OCEAN BLVD, #11	OCEAN RIDGE, FL 33435
T	FELX RUBACK	9231 Kostner	Skokie, IL 60076
			200082435682 12/11/05--01025--008 **1958.75

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 contained in Chapter 119, 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:

Marilyn Davis
MARILYN DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/2006 561-364-7794

Date

Daytime Phone #

12/11/06