

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP -3 AM 11:36

DOCUMENT # F98000002198

1. Corporation Name

MEDISTAR CORPORATION

7670 WOODWAY DR.
7670 WOODWAY DR.

2. Principal Office Address

7670 WOODWAY DR.

3. Mailing Office Address

7670 WOODWAY DR.

Suite, Apt. #, etc.

SUITE 160

Suite, Apt. #, etc.

SUITE 160

City & State

HOUSTON, TX

City & State

HOUSTON, TX

Zip

77063-1592

Country

USA

Zip

77063-1592

Country

USA

REINSTATEMENT 99-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/17/1998

5. FEI Number

76-0414864

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

SAMUEL S. GOREN, ESQ./JOSIAS, GOREN, CHEROF, DOODY & EZROL, P.A.

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

3099 E. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

SUITE 200

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

Samuel Goren

REGISTERED AGENT MUST SIGN

Date

9/2/04

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
PRES.	GARY PERRYMAN	7670 WOODWAY DR., SUITE 160	HOUSTON, TX 77063-1592
SEC	GARY PERRYMAN	7670 WOODWAY DR., SUITE 160	HOUSTON, TX 77063-1592

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

GARY PERRYMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/02/04

Date

713-266-8990

Daytime Phone #

CR2E061 (01/04)