PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 19 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004962

1. Corporation Name

MEDTAG, INC.

Principal Place of Business	Mailing Address
3111 N. OCEAN DRIVE, SUITE 1601 HOLLYWOOD FL 33019	3111 N. OCEAN DRIVE, SUITE 1601 HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

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: 06/26/1998 SP

5. FEI Number: 65-0862560 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

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
PCS	GIBSON, JUDY E	3111 N. OCEAN DRIVE, SUITE 1601	HOLLYWOOD FL 33019
VTVC	BANKER, GEORGE M	3111 N. OCEAN DRIVE, SUITE 1601	HOLLYWOOD FL 33019
			300003059003--5 -12/02/99--01059--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
JUDY GIBSON
3111 N. OCEAN DR. #1601

9. Name and Address of New Registered Agent

Name: JUDY GIBSON
Street Address (P.O. Box Number is Not Acceptable): 3111 N. OCEAN DR
Suite, Apt. #, Etc.:
City: HOLLYWOOD State: FL Zip Code: 33019

CR2E040 (8/99)

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: Judy E Gibson REQUIRED Date: 11-15-99
REGISTERED AGENT MUST SIGN

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: Judy E Gibson REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11.15.99

Daytime Phone #: 954 927-0503