

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004962**

1. Corporation Name

MEDTAG, INC.

Principal Place of Business

3111 N. OCEAN DRIVE, SUITE 1601
HOLLYWOOD FL 33019

Mailing Address

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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1998

5. FEI Number

65-0862560

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
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

REINSTATEMENT

7088883482047-5
-11/30/00--01105--014
***758.75 ***758.75

8. Name and Address of Current Registered Agent

GIBSON, JUDY
3111 N. OCEAN DRIVE
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

E. JOSEPH BUFFA

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

1931 MOTHMAN TRAIL

Suite, Apt. #, Etc.

City

MATLANDO

State

FL

Zip Code

32751

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

E. Joseph Buffa
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00
Date

954-920-4578
Daytime Phone #