

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J99407**

1. Corporation Name  
**MEDFACTS, INC.**

Principal Place of Business

**7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126**

Mailing Address

**7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126**

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

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

**10/23/1987**

5. FEI Number

**65-0074627**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	LATHAM, W B	7400 N.W. 19TH ST.	MIAMI FL 33126
<del>CEO</del>	<del>LATHAM, LEAN</del>	<del>7400 N.W. 19TH ST.</del>	<del>MIAMI FL 33126</del>

**2000002339162--4  
-11/05/97--01084--019  
\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

~~PATTON, LEAN~~ **W. BRYAN LATHAM**  
**7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126**

9. Name and Address of New Registered Agent

Name **W. Bryan Latham**  
Street Address (P.O. Box Number is Not Acceptable)  
**7400 NW 19 ST**  
Suite, Apt. #, Etc.  
**Suite H**  
City **Miami** State **FL** Zip Code **33126**

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

**W. Bryan Latham, MD, CEO**  
REGISTERED AGENT MUST SIGN

Date

**10/30/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

**W. Bryan Latham, MD, CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/30/97**  
Date

**305 594 4010**  
Daytime Phone #

**FILED**

**97 NOV -3 AM 10:56**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

CR2E040 (8/97)