FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ED OF STATE EE. FLORIDA AM 7:36	
END8-01	
7 / 27 / 98 Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status	
04299	
7 / O I	CR2E081 (9/00)
y / State / Zip	
ille. NC 28792	:
ille, NC 28792	!

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DOCUMEN I # K29989					75 API 7: 36			
12 Corpo	MEDICAL REP	AIR SERVIC	CES, INC.					
			•					
	pal Office Address Win Springs Road	3. Mailing Offi 141 Twir	ce Address Springs Road	REIN	STATEMENT	70-01		
Suite, Apt	. #, etc	Suite, Apt. #, el	c.	4. Date Incom	porated or Qualified			
City & Sta	te	City & State		To Do Bus	iness in Florida 7/27/9	98		
Hende	rsonville, NC	Hende	rsonville. NC	5. FEI Numbe	or 50062:135	Applied For Not Applicable		
ون ت 287	92 Country USA	Zip 28792	Country USA	6.	S8.75	Additional Fee required Certificate of Status		
		7. Na	me and Address of Current Reg	istered Agent				
	Name David Goldberg Street Address (P.O. Box Number is N	lot Acceptable)		91	00047642	99		
	13571 McGregor Blv	d.		~	-12/04/01010 -12/04/01010	36011		
	Suite, Apt. #, Etc. Suite 22				***1200.00 *	**1200.00		
	City Ft. Myers				State Zip Code FL 33919			
8. I, bein	g appointed the registered agent of the abo	ve named corpora	tion, am familiar with and accept t	he obligations of section	on 607.0505 or 617.0503, F.S.	(8)		
Signature Registered	1 Agent Well P	EGISTERED AGEN	NT MUST SIGN		Date 11/7/01	CRZE081 (9/00)		
9. Name	s and Street Addresses of Each Officer and	d/or Director (Floric	la nonprofit corporations must list	at least 3 directors)				
Titles			Street Address of Each Officer and/or Director		City / State / Zip			
P&D	Stuart H. Bassine	. 1	41 Twin Springs	Road	Hendersonville.	NC 28792		
S&D	Judith M. Bassine	1	41 Twin Springs R	oad	Hendersonville.	NC 28792		
D Ĵ	David Goldberg	(1 /	3571) 3571 McGregor Blv	d., Suite 2	Ft. Myers, FL	33919		
•					, , , , , , , , , , , , , , , , , , ,			
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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:

CORPORATION

REINSTATEMENT

somerood to ansule

11/06/01

828-684-7353

PLEASE READ	ALL INSTRUCTIONS	BEFÓRE COMPLETING	THIS FORM:
			

FLORIDA DEPARTMENT OF STATE

CORPORATION REINSTATEMENT S			DEPARTMENT OF S Katherine Harris Gecretary of State sion of corporations	TATE	SECRETARY OF STATE TALLAHASSEE, FLORIDA OI NOV 13 AM 7: 36			
Į.	ration Name	9989 DICAL REPA	IR SERVI	CES, INC.		01 404 13	An /: 35	
141 Twin Springs Road		3. Mailing Office Address 141 Twin Springs Road						
					4. Date Incorporated or Qualified To Do Business in Florida 7/27/98			
City & Stat Hender	rsonville, NC	• •	City & State Hend			ber 650062135	Applied For	
ون ت 287	92 Country USA	1 1	Zip 28792	Country USA	6.	TE OF STATUS DESIDED 38.75	Not Applicable Additional Fee required a Certificate of Status	
			7. N	ame and Address of Curren	t Registered Agent			
Signature of Registered	Suite, Apt. #. Etc. Suite 22 City Ft. Myers g appointed the registere	d agent of the abov	e named corpo	ration, am familiar with and ac ENT MUST SIGN rida nonprofit corporations mu		State Zip Code 339 19 Stion 607.0505 or 617.0503, F.S.		
Titles		Name of and/or Directors	•	Street Addre	Street Address of Each Officer and/or Director		City / State / Zip	
P&D	Stuart H. Bassine			141 Twin Springs Road		Hendersonville, NC 28792		
S&D	Judith M. Bassine			141 Twin Springs Road		Hendersonville, MC 28792		
D	David Goldberg ((13571) 13×71 McGregor Blvd., Suite 2		22 Ft. Myers, FL 33919			
this re owed	instatement application; by the corporation have i	the reason for disso been paid and the r	itution has been ames of individ	eliminated, the corporate nam	e satisfies the requirement qualify for an exemption un	hapter 607 or 617, F.S. I further ce hits of section 607,0401 or 617,040 inder section 119.07(3)(i), F.S. The	1, F.S., that all fees	

11/06/01 828-684-7353