

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # K29989

1. Corporation Name
 MEDICAL REPAIR SERVICES, INC.

2. Principal Office Address
 141 Twin Springs Road

3. Mailing Office Address
 141 Twin Springs Road

Suite, Apt. #, etc.

City & State
 Hendersonville, NC

City & State
 Hendersonville, NC

Zip 28792 **Country** USA

Zip 28792 **Country** USA

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 NOV 13 AM 7:36

REINSTATEMENT 08-01

4. Date Incorporated or Qualified To Do Business In Florida 7/27/98

5. FEI Number 650062135 **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
 David Goldberg

Street Address (P.O. Box Number is Not Acceptable)
 13571 McGregor Blvd.

Suite, Apt. #, Etc.
 Suite 22

City
 Ft. Myers

State FL **Zip Code** 33919

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 ***1200.00 ***1200.00

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 *[Signature]* **REGISTERED AGENT MUST SIGN** **Date** 11/7/01

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
P&D	Stuart H. Bassine	141 Twin Springs Road	Hendersonville, NC 28792
S&D	Judith M. Bassine	141 Twin Springs Road	Hendersonville, NC 28792
D	David Goldberg	(13571) 13571 McGregor Blvd., Suite 22	Ft. Myers, FL 33919

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)(j), 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: *[Signature]* 11/06/01 828-684-7353

CR2E081 (8/00)

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CORPORATION
REINSTATEMENT



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SIGNATURE:

Stuart H. Bassine Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/01

828-684-7353

Date

Daytime Phone #

CR2E001 (9/00)