

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
01 APR 18 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L22921

1. Corporation Name

Mednext, Inc.

2. Principal Office Address

5490 Dexter Way

Suite, Apt. #, etc.

3. Mailing Office Address

5490 Dexter Way

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33404

Country

USA

City & State

West Palm Beach, FL

Zip

33404

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/89

5. FEI Number

65-0157562

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Kevin D. Lumberg, Asst. V.P. REGISTERED AGENT MUST SIGN

Date 4/17/01

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
Pres	Michael DeMane	5490 Dexter Way	W.Palm Beach, FL 33404
VP	Ami P. Kelley	5490 Dexter Way	W.Palm Beach, FL 33404
VP	Carmen Diersen	5490 Dexter Way	W.Palm Beach, FL 33404
Dir.	Michael DeMane	5490 Dexter Way	W.Palm Beach, FL 33404
Dir.	Carmen Diersen	5490 Dexter Way	W.Palm Beach, FL 33404
Dir.	Keith E. Williams	5490 Dexter Way	W.Palm Beach, FL 33404

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:

CARMEN L. DIERSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01 (901) 344 -

Daytime Phone # 1288