

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
**AND
FILED**

1997 MAR 11 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #L53153**

MEDI FINANCIAL SERVICES, INC.
P.O. Box 661097
Miami Springs, FL 33266

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

800002110458--5

4. Date Incorporated or Qualified
To Do Business in Florida
02/27/1990

5. FEI Number
65-0177623

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
PD	HOWARD GOLDMAN	4207 University Dr. 5959 N.W. 37th Avenue	Coral Gables Miami, FL 33146
V	EDUARDO HERNANDEZ	5959 N.W. 37th Avenue	Miami, FL
V	DAVID MAYPER	4207 University Dr. 5959 N.W. 37th Avenue	Coral Gables Miami, FL 33146
S	CAROL GOLDMAN	4207 University Dr. 5959 N.W. 37th Avenue	Coral Gables Miami, FL 33146

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

PAUL BERKOWITZ
1221 BRICKELL AVENUE
SUITE 2200
MIAMI, FL 33131

9. If changed, new registered agent / office
Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

Paul Berkowitz

REGISTERED AGENT MUST SIGN

Date

03/13/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Howard Goldman

Date

3/6/97

Daytime Phone #

305-863-1769
ext 405

Typed or printed name of signing officer or director **HOWARD GOLDMAN, PRESIDENT**



ACCOUNT NO. : 072100000032

REFERENCE : 288851 4303929

AUTHORIZATION :

COST LIMIT : \$ 915.00

Patricia Pysit

ORDER DATE : March 11, 1997

ORDER TIME : 11:04 AM

ORDER NO. : 288851-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: MEDI FINANCIAL SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY (2)
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS

mwb

RESUBMIT
Please give original
submission date as file date.

RECEIVED
97 MAR 14 AM 11:33

RECEIVED
97 MAR 11 PM 12:13
DIVISION OF CORPORATION

pg 292