

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

REINSTATEMENT 1996

FILED

96 NOV -8 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

MAN
11-14-96

DOCUMENT # M36417

1. Corporation Name

COSTA RICA MEDIREP, INC.

Principal Place of Business

**48 E. FLAGLER ST.
PH105
MIAMI FL 33131**

Mailing Address

**48 E. FLAGLER ST.
PH105
MIAMI FL 33131**

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

08/07/1986

5. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

6. 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
POST	ROK, SERGIO	48 E FLAGLER ST STE 105	MIAMI FL

000002008500--7
-11/19/96-01144-008
*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

**DINER, MANUEL
141 NE 3RD AVE.
SUITE 601
MIAMI FL 33132**

9. Name and Address of New Registered Agent

Name
EVAN R. MARBIN
Street Address (P.O. Box Number is Not Acceptable)
48 East Flagler Street
Suite, Apt. #, Etc.
Penthouse 104
City
Miami
State
FL
Zip Code
33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/5/96**

11. 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.)

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:

SIGNATURE REQUIRED

Sergio Rok, President

(305) 371-4921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #