

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99257

1. Corporation Name

MEDICLAIM SERVICE, INC.

Principal Place of Business

**927 TROPIC BLVD
 DELRAY BEACH FL 33483
 US**

Mailing Address

**PO BOX 788
 DELRAY BEACH FL 33447-0788
 US**

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

4. Date Incorporated or Qualified To Do Business in Florida

09/19/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0078589

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
PTD	GURBUZ, GERALDINE	927 TROPIC BLVD	DELRAY BEACH FL

**500002332205--5
 -10/29/97--01031--012
 ****165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GURBUZ, GERALDINE
 927 TROPIC BLVD
 DELRAY BEACH FL 33483**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Geraldine Gurruz
 REGISTERED AGENT MUST SIGN

Date **10-24-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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:

Geraldine Gurruz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-97 (351) 265-2200

CR2E040 (8/97)

2

MEMORANDUM TO: IRS

FROM: MEDICLAIM SERVICE, INC. 

DATE: 10-24-97

SUBJECT: ATTACHED -CORPORATE REPORT

DUE TO AN INEXPLAINABLE OCCURRENCE, OUR CORPORATE REPORT AND \$165.00 CHECK HAD NOT BEEN RECEIVED. THE IRS REPRESENTATIVE ADVISED THAT THE ATTACHED FORM ALONG WITH ANOTHER CHECK (A STOP HAS BEEN PLACED ON THE ORIGINAL) IN THE AMOUNT OF 165.00 BE FORWARDED. THE REPRESENTATIVE SAID IT WOULD BE ACCEPTED AS NO INTERRUPTION IN THE CORPORATE STATUS—SINCE THERE HAS BEEN NO DISSOLUTION OR NEED TO REINSTATE.

PLEASE PROCESS. THANKYOU.