

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000010303

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL STUDENTS IN ACTION, INC.

**Current Principal Place of Business:**

7401 SW 53 COURT  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

31 SE 5TH ST  
APT 3304  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 03-0536024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGUELLES, DONATO  
31 SE 5TH ST  
APT 3304  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DONATO A ARGUELLES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LLANES, MIKEL  
**Address:** 3700 SW 110 AVE  
**City-St-Zip:** MIAMI, FL 33165

**Title:** T  
**Name:** ARGUELLES, DONATO  
**Address:** 31 SE 5TH STREET  
**City-St-Zip:** MIAMI, FL 33131

**Title:** D  
**Name:** PRENDES, STEFANIA  
**Address:** 7412 SW 53 AVE  
**City-St-Zip:** MIAMI, FL 33143

**Title:** CO-D  
**Name:** KALTMAN, JESSICA  
**Address:** 951 BRICKELL AVE, APT 2007  
**City-St-Zip:** MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DONATO A ARGUELLES

T

10/05/2012

Electronic Signature of Signing Officer or Director

Date