

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000000420

1. Corporation Name

Medical Civic Action Programs International, Inc

2. Principal Office Address - No P.O. Box #

2000 N Bayshore Drive

Suite, Apt. #, etc.

Suite 311

City & State

Miami, Florida

Zip

33137

Country

USA

3. Mailing Office Address

2000 N Bayshore Drive

Suite, Apt. #, etc.

Suite 311

City & State

Miami, Florida

Zip

33137

Country

USA

7. Name and Address of Current Registered Agent

Name

Guy Mandeville Clark

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

2000 N Bayshore Drive

Suite, Apt. #, Etc.

Suite 311

City

Miami

State

FL

Zip Code

33137

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

Date **05 February 2010**

REGISTERED AGENT MUST SIGN

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
P	Rita Rose	1810 Michigan Avenue	Miami / Florida / 33139
V	David Stafford	31 Kensington Drive	Chelmsford / Massachusetts / 01824
D	Guy Clark	2000 N Bayshore Drive	Miami / Florida / 33137
T	Shana Lardi	5631 NW 109 Lane	Coral Springs FL / 33076

10. E-mail Address: medcap@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy M. Clark

February 5, 2010 305-572-9130

Date

Daytime Phone #

FILED

10 APR 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-1D

000169564760
02/18/10--01015--004 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

January 11, 2005

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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04/23/10--01053--019 **61.25

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