

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 AM 11:44

DOCUMENT # **N95000000726**

1. Corporation Name

MED HELP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~721 FALLS CREEK DRIVE
WEST MELBOURNE FL 32904~~

6300 NORTH WICKHAM ROAD
SUITE 130, BOX 188
MELBOURNE FL 32940

5631 Sea Lavender Place
Melbourne Beach, FL 32951 *Phone: 321-733-0069*

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3239991

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	THOMPSON, CYNTHIA G	721 FALLS CREEK DRIVE	WEST MELBOURNE FL 32904
VTD	GARFINKEL, PHILIP T	3 ANCHOR COURT	HUNTINGTON STATION NY
D	THOMAS, ALTHEA	838 WINDY HILL LANE	GALLOWAY OH
			300003482389--9 -12/01/00--01016--001 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
C/O PAUL L. WEAN, ESQ.
901 NORTH LAKE DESTINY DR., SUITE 145
MAITLAND FL 32751

Name

Str

Sui

City

Cynthia G. Thompson
5631 Sea Lavender Place
Melbourne Beach, FL
32951

Zip Code

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

Cynthia G. Thompson
REGISTERED AGENT MUST SIGN

Date 10-18-00

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 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:

Cynthia G. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CYNTHIA THOMPSON

Date

Daytime Phone #

10/18/00 321-733-0069