

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000035378**

1. Corporation Name

M.D. Global, Inc.

2. Principal Office Address

6623 Thoroughbred Loop

Suite, Apt. #, etc.

City & State

Odessa

Zip

33556

Country

U.S.

3. Mailing Office Address

6623 Thoroughbred Loop

Suite, Apt. #, etc.

City & State

Odessa

Zip

33556

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3635926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Samia Wahba

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

15145 Shaw Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

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

Samia S. Wallen

REGISTERED AGENT MUST SIGN

Date **3/5/03**

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	Victor F. Tadros	6623 Thoroughbred, Loop	Odessa FL 33556

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

Date

Daytime Phone #

3/31

MD GLOBAL, INC.

3501 W. Vine Street, Suite 500.

Kissimmee, Florida 34741

Florida Department of State
Division of Corporation

Dear Sir,

As per our telephone conversation, enclosed please find the corporation reinstatement form and accheck for \$300 as per your instructions.

Thank you for your cooperation.