

2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN 21 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000086856

1. Corporation Name

MEDPORT, INC.

2. Principal Office Address

4400 NORTH FEDERAL HWY

Suite, Apt. #, etc.

49

City & State

BOCA RATON, FL.

Zip

33487

Country

USA

3. Mailing Office Address

354 SEVILLA AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

09-11-00

5. FEI Number

65-1038701

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

HAYDEE CEBALLOS

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

354 SEVILLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

*Haydee Ceballos*  
REGISTERED AGENT MUST SIGN

Date 1-15-03

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
D.P.	VASQUEZ, LILIANA	4400 NORTH FEDERAL HWY #49	BOCA RATON FL. 33487
D.S.	VASQUEZ, JOSE L.	4400 NORTH FEDERAL HWY #49	BOCA RATON FL. 33487

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:

*Liliana B. Vasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILIANA VASQUEZ  
PRES.

1-15-03  
Date

561-995-0612  
Daytime Phone #

CR2E081 (10/02)

js 1/23

MEDPORT, INC.  
4400 North Federal Hwy #49  
Boca Raton, FL 33487

January 15, 2003

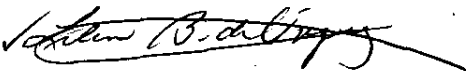
Florida Department of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

It has come to our attention that Medport, Inc. (65-1038701) had been dissolved for not filing the 2002 Uniform Business Report. We hereby declare under oath that we did not receive the UBR form, maybe because our change in business address.

We are enclosing a completed reinstatement form and a check for the 2002 fee. We are also including a 2003 UBR with the corresponding fee.

Sincerely,



Liliana Vasquez  
President