

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR 2002



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11/20/02--01014--011 \*\*150.00

DOCUMENT # P00000103441

1. Corporation Name

MEDUCOMP, INC.

Principal Place of Business

8911 SW 57TH STREET  
COOPER CITY FL 33328

Mailing Address

8911 SW 57TH STREET  
COOPER CITY FL 33328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2000

5. FEI Number

651096113

APPLIED FOR

Applied For

Not Applicable

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PVTS

DENIZE AUGUSTE, PASCALE

8911 SW 57TH STREET

COOPER CITY FL 33328

8. Name and Address of Current Registered Agent

DENIZE-AUGUSTE, PASCALE  
8911 SW 57TH STREET  
COOPER CITY FL 33327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/11/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/02

Daytime Phone #

CR2E040 (8/02)

**MEDUCOMP, INC.**  
89 11 SW 57 Street, Cooper City, Florida 33328  
Telephone: (954) 434-1174 • Fax: (954) 434-4133

2052

November 11, 2002

Division of Corporations  
Annual Report /Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Enclosed please find the completed application for reinstatement along with the required \$150.00 filing fee.

I am requesting that the reinstatement fee be waived since I have not received the two prior uniform business report (UBR) notices.

If you have any questions or require any additional information, please call me at (954) 648-8288. Thank you in advance for your prompt attention to this matter.

Sincerely,



Pascale Denizé Auguste,  
President