

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



200024083732
10/24/03--01028--020 **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

65-1096113

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

Denize Auguste Pascale
REGISTERED AGENT MUST SIGN

Date

10/19/2003

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:

Denize Auguste Pascale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/03

CR2E040 (7/03)

MEDUCOMP, INC
8911 SW 57TH STREET • COOPER CITY, FLORIDA 33328 • TELEPHONE (954) 434-1174

October 19, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

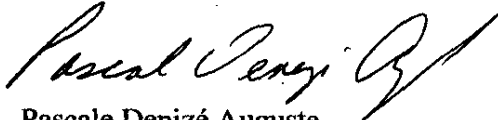
Enclosed please find my Application for reinstatement as well as my \$150.00 filing fee.

I did not receive the previous UBR notices.

Please accept my reinstatement fee and application.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Pascale Denizé Auguste", followed by a large, stylized flourish or initial.

Pascale Denizé Auguste
President