

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111661

1. Corporation Name

Medcorp Innovations, Inc.

2. Principal Office Address

6030 Benjamin Rd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

6030 Benjamin Rd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/05/2000

5. FEI Number

59-3685097

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

Michael S. Asmer

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

6030 Benjamin Rd.

Suite, Apt. #, Etc.

000024098520
10/24/03--01075--007 **750.00

City

Tampa

State

FL

Zip Code

33634

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

Date 10/06/2003

REGISTERED AGENT MUST SIGN

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
PD	Michael S. Asmer	8457 Flagstone Dr.	Tampa, FL 33615
VPD	Paul J. Asmer	3503 Duncan St.	Columbia, SC 29205
SD	Christopher D. Munyon	10462 Greendale Dr.	Tampa, FL 33626

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:

Michael S. Asmer

10/06/2003 (813) 885-4023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/29