

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016709

1. Corporation Name

MEDITEMPS, INC.

Principal Place of Business

1988 MACGREGOR RD.
TARPON SPRINGS FL 34689

Mailing Address

1988 MACGREGOR RD.
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, If Applicable

78 GULFWINDS DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 356
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEL Number

59-3706803

Applied For

Not Applicable

City & State

PALM HARBOR FL

City & State

PALM HARBOR

Zip

34683 Pinellas

Zip

FL 34682

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
Pres.	David L. Felix	1988 Mac Gregor Rd	Tarpon Springs, FL 34689 300009322903 12/03/02--01068--010 **758.75

8. Name and Address of Current Registered Agent

FELIX, DAVID L
1988 MACGREGOR RD.
TARPON SPRINGS FL 34689

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

DAVID L. FELIX REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/22/02

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:

DAVID L. FELIX REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/02 727-937-6145

CH2ED40 (8/02)