

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025766

1. Corporation Name

American Medical General, Inc.

2. Principal Office Address - No P.O. Box #
280 Nelson Street

Suite, Apt. #, etc.
Suite 484

City & State
Vancouver, British Columbia

Zip Country
V6B2E2 Canada

3. Mailing Office Address
7491 N. Federal Highway

Suite, Apt. #, etc.
Building C-5, Suite 295

City & State
Boca Raton, Florida

Zip Country
33487 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **03/08/2001**

5. FEI Number
651096573

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
Pierre Sanchez

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33131

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **Pierre Sanchez**
REGISTERED AGENT MUST SIGN

Date **12/27/2007**

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
CEO	Jay D. Wheatley	280 Nelson Street, Suite 484	Vancouver, British Columbia V6B2E2

900113483089
12/28/07-01042-002 ***150.00

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 contained in Chapter 119, 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: **Jay D. Wheatley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2007
Date

1-604-629-2505
Daytime Phone #

B. Mitchell DEC 28 2007