

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # P01000038731

1. Corporation Name
MEDISMART USA, INC.

FILED
02 OCT 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
P.O. BOX 1120/207 WEST ALFRED STREET P.O. BOX 1120/207 WEST ALFRED STREET
TAVARES FL 32778 TAVARES FL 32778

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/17/2001	
City & State		City & State		5. FEI Number	
Zip		Zip		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LAWRENCE, NORMAN L	P.O. BOX 1120/207 WEST ALFRED ST 1130/207 West Alfred St	TAVARES FL 32778

02 UBR 78

9000008628309
10/28/02--01088--086 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. 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

10/25/02
Date Daytime Phone #

CR2E040 (8/02)

Medismart USA, Inc.

ppp vth

P. O. Box 1130
209 W. Alfred St.
Tavares, FL. 32778
Norman L. Lawrence

Phone (800) 858-5768

Fax (800) 759-0599

10/25/02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: The Honorable Jim Smith
Secretary of State

Dear Mr. Smith,

One of my employees spoke to a very fine gentleman named Sean this morning. We explained that we were greenhorns when it comes to procedures, practices, and laws governing Corporations. We also explained that we were never sent any information regarding an annual report or any renewal fees. Had we received any correspondence from the Division of Corporations, we would have responded immediately. As per Sean's instructions, we now have the correct paperwork necessary for future annual reports. We humbly ask that the \$600 reinstatement fee be waived. We are including a check for \$150 for our annual renewal fee. Sean also told us that we can use the application for reinstatement for the annual report. There are no changes as far as the information on the application for reinstatement. All the information is correct as marked. Thank you for your assistance regarding this important matter.

Sincerely,

Norman L. Lawrence

Norman L. Lawrence
President, All-Med Services