

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084581

1. Corporation Name

M & D MEDICAL SERVICES, INC.

2. Principal Office Address

757 SE 17TH STREET

Suite, Apt. #, etc.

SUITE 457

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

3. Mailing Office Address

17150 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 101-314

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

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

03/06/2001

5. FEI Number

65-1133641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

DMITRY SHIGLIK

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

757 SE 17TH STREET

Suite, Apt. #, Etc.

SUITE 457

City

FORT LAUDERDALE

State
FL

Zip Code
33316

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

Dmitry Shiglik
REGISTERED AGENT MUST SIGN

Date **01/28/2003**

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
D	SHIGLIK, DMITRY	480 MORSE AVENUE	RIDGEFIELD, NJ 07657

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)(l), 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:

Dmitry Shiglik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03 (201) 519-9437
Date Daytime Phone #

CR2ED81 (10/02)

js 1/31