

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084581

1. Corporation Name

M & D MEDICAL SERVICES, INC.

03 JAN 30 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
757 SE 17TH STREET

3. Mailing Office Address
17150 COLLINS AVENUE

Suite, Apt. #, etc.
SUITE 457

Suite, Apt. #, etc.
SUITE 101-314

City & State
FORT LAUDERDALE, FL

City & State
SUNNY ISLES BEACH, FL

Zip
33316

Zip
33160

REINSTATEMENT 02-03

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

7. Name and Address of Current Registered Agent

Name DMITRY SHIGLIK

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

757 SE 17TH STREET

0000011199160
01/30/03-01020--001 **900.00

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

Date 01/28/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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)(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:

Dmitry Shiglik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1/1/03